

Bowling Green State University

ScholarWorks@BGSU

Masters of Education in Human Movement,
Sport, and Leisure Studies Graduate Projects

Human Movement, Sport, and Leisure Studies

2015

Staff Policy and Procedures Manual

Randi Small

Bowling Green State University

Follow this and additional works at: https://scholarworks.bgsu.edu/hmsls_mastersprojects

Repository Citation

Small, Randi, "Staff Policy and Procedures Manual" (2015). *Masters of Education in Human Movement, Sport, and Leisure Studies Graduate Projects*. 20.

https://scholarworks.bgsu.edu/hmsls_mastersprojects/20

This Article is brought to you for free and open access by the Human Movement, Sport, and Leisure Studies at ScholarWorks@BGSU. It has been accepted for inclusion in Masters of Education in Human Movement, Sport, and Leisure Studies Graduate Projects by an authorized administrator of ScholarWorks@BGSU.

BOWLING GREEN STATE UNIVERSITY
SPORTS MEDICINE DEPARTMENT
STAFF POLICY AND PROCEDURES MANUAL

By: Randi Small BS, AT

A Project Submitted in Partial Fulfillment of the
Requirements for the Degree of Masters of Education
in Sports Administration in the School of
Human Movement, Sport and Leisure Studies
at
Bowling Green State University

April 20, 2015

Advisor: Matthew Kutz Ph.D, AT, CSCS _____

Second Reader: Sungho Cho JD, Ph.D _____



Sports Medicine Department Staff Policy and Procedures Manual

Randi Small BS, AT; Matthew Kutz, Ph.D, AT, CSCS; Sungho Cho JD, Ph.D
(Updated April 2015)

Table of Contents

I.	Introduction	
	Purpose	4
	Mission and Vision Statements	4
	Standards of Ethical Conduct	7
	Professional and Ethical Behavior	8
	Interpersonal and Professional Relationships	9
II.	Organization	
	Staff Directory	11
	Personnel	11
	Roles	12
III.	Operations	
	Hours of Operation	14
	Athletic Training Rules	14
	Appearance and Dress Code	15
	Schedules	16
	Time Off	16
	Special schedule needs	16
	Meetings	17
	Continuing Education	17
	Office Space	17
	Telephone Policy	18
	Cellular Phones	18
	Radios	18
	Illegal or Abused Substances	18
	Drug Testing Policy	18
	Facility Maintenance	18
	Emergency Equipment	18
	University Vehicle Policy	19
	Gambling	19
IV.	Clinical Responsibilities	
	Individual Staff Responsibilities	20
	Medical Confidentiality Policy	20
	Media Relations Policy	20
	Medical Files	20
	Archiving of Medical Records	20
	FERPA/HIPPA	21
	Doctors Office Procedures	21
	Scheduling	21
	Orthopedic Clinic	21
	No Show Policy	22
	Other Consult Clinics	22
	Dr. Noftz Clinic	22
	Prescription Drugs Policy	23
	Prescriptions Written by Team Physician	24
	OTC Medications Policy	24
	Referral Policy	24
	Insurance Information	24
	Insurance Procedures	24
	MRI	24
	Record of Treatment	25
	Pre-participation Physical Examination	25
	New Athlete	25
	Returning Athlete	26
	Physical Evaluation Results	26

	Pre-existing Waiver	26
	Special Populations	27
	Exit Physical	27
	Tryout Release	27
	Injury Report	27
	End of Season Report	27
	Universal Precautions	27
	OSHA	27
	Labor/Industry	28
	Safety Procedures	28
	Disposal of Hazardous Waste	28
	Athletic Training Room Clinical Procedures	29
	Regulation of Athletic Training	29
	Ohio State Law	30
	First Responder	30
	Modality Treatments	31
	Record Keeping	31
	Equipment, Braces, Taping, and Protective Equipment	32
	Contact Lenses	32
	Emergency Policy	32
V.	Standard Operating Procedures	
	Over the Counter Drug Protocol	35
	Standards of Care	44
	Blood Borne Pathogen Exposure Control Plan	51
	Athletic Training Medical Records Privacy Policy	59
	Disclosure Log	61
VI.	Emergency Management Plan	
	Emergency Telephone Number List	63
	AED Protocol	64
	Emergency Action Plans	66
	Venue Specific	67
VII.	Appendices	
	Medical Situations/Conditions	
	Cold Stress/Cold Exposure	79
	Heat Illness	80
	Eating Disorders	81
	Concussion	87
	Sickle Cell Trait	88
	Athletic Training Room Paperwork	
	Appointment Intake	89
	ATS Infraction Sheet	89
	BG Orthopedics/Bortel(Arrowhead)	89
	BGSU New Athlete	89
	BGSU Returning Athlete	89
	BGSU Records Release	90
	BGSU Walk-On	90
	Concussion	90
	Exit Evaluation	90
	Flacon Health – Request for Services	91
	Insurance	91
	Phone List	92
	Physician Exam Report	92
	Position Statements	92

I. Introduction

Purpose

Welcome to the Bowling Green State University Athletic Training Staff Policies and Procedures Manual. This Policies and Procedures Manual was developed to help orient the athletic training staff to the policies and procedures for the athletic training room and assist in the mission of providing quality medical care for student-athletes competing for the Bowling Green State University Falcons. This manual will also serve as a reference for others when examining the program.

Furthermore, this manual is intended to make clinical expectations explicit for BGSU staff. As such, each staff member is expected to read and periodically review this manual in order to ensure compliance. This manual is subject to refinement, annual review, and alteration. Comments, questions, or concerns regarding the Policies and Procedures Manual should be directed to the Director of Sports Medicine.

This manual was designed to supplement the Bowling Green State University staff handbook available on the university web site at <http://www.bgsu.edu>. Click on the link for faculty and staff, then human resources, then the handbook for administrative staff. Policies in the human resources handbook will take precedent over any policy in this manual if there is question or conflict. This manual was designed to specifically address policy in the athletic training room and staff members are reminded that general university policy must also be followed.

Mission and Vision Statements

Bowling Green State University Vision Statement

Bowling Green State University aspires to be a premier learning community, and a national model, for developing individuals and shaping the future through learning, discovery, collaboration and personal growth.

Core Values

Bowling Green State University provides educational experiences inside and outside the classroom that enhance the lives of students, faculty and staff. Students are prepared for lifelong career growth, lives of engaged citizenship and leadership in a global society. Within our learning community, we build a welcoming, safe and diverse environment where the creative ideas and achievements of all can benefit others throughout Ohio, the nation and the world.

Intercollegiate Athletics

Mission statement

Bowling Green Athletics is committed to cultivating champions in academics, sport, and life. We target excellence in 18 sports; we achieve it as one team.

Vision and Values

Facilities: Provide well-maintained facilities and continually seek opportunities for improvement.

- Implement our facilities master plan and align it with University initiatives.
- Increase the expertise of our facilities personnel through coach collaboration and professional development.
 - Meetings with individual head coaches and facility staff.

Academics: Educate our student-athletes about the value of academics and graduation and constantly seek opportunities that assist in their learning development.

- Inform student-athletes about the importance of academic honesty.
 - Cover the University's academic honesty policy at annual academic orientation meetings.
 - Implement a continuing education program regarding academic honesty.
- Maintain an environment where student-athletes perform at or above the general student body in both GPA and Graduation Rates.
- Uphold academic success nationally demonstrated through APR and conference comparisons.
 - Ensure all teams meet and exceed the 930 APR benchmark.
 - Top 3 finish in the Institutional Academic Achievement Award.
 - Top 3 finish in the Faculty Athletics Representative Award.
- Coach and administration collaboration to promote positive academic culture.
 - Identify talented academic students in recruiting plans.
 - Educate coaches on the new initial eligibility standards and transfer eligibility standards effective 2015.
 - Limit missed class time through continued enforcement of the missed class time policy.
 - Collaborate with the Learning Commons for tutors and non full-time professionals training and services.
- Encourage student-athletes to take advantage of supplementary academic opportunities.
 - Capitalize on co-curricular activities and further involvement within majors.
 - Promote Student-Athlete Affairs Program and SAAC participation.
 - Push academically advanced student-athletes to get involved with national academic programs.
- Continually promote the academic achievements of student-athletes.

Leadership: Instill the importance of leadership growth among student-athletes, staff, and coaches.

- Identify internal and external professional develop programs that fosters leadership development.
 - Implement head coach and facilitator seminar 3-4 times per year.
 - Take advantage of coaches' connections to bring quality speakers to campus.
- Continued enhancement of the student-athlete leadership class.
 - Augment leadership maturity through continuing education programs.
 - Target student-athletes in Sophomore and Junior years.
- Personalize leadership goals to be more reflective of the environment.
- Continue to incorporate leadership into all annual evaluations.

Championships: Establish competitive programs that maintain success while striving for championships.

- Place at least six of 18 sports in top half of conference.
- Recognize outstanding student-athlete and coach accomplishments.
- Top 5 finish in the Reese & Jacoby Award.
- Regular review of sports performance team to capitalize on new opportunities.
 - Offer mental training and counseling services to coaches and student-athletes.
 - Examine team-building concepts to strengthen team dynamics.

Outreach: Actively engage the community and value diversity.

Community

- Bolster community service programs that connect the local community with the athletics department.
- Provide a first-rate environment for fans who follow our teams and attend our events.
 - Offer exciting in-game promotions to enhance game day experience.
 - Employ knowledgeable game day staff with a guest service first attitude.

Diversity

- Aggressively pursue individuals who are diverse in abilities, ethnicity, gender, age, and those with disabilities for employment and athletic participation opportunities
- Encourage select staff members to attend diversity training programs.
- Monitor participation opportunities for men's and women's programs to ensure Title IX compliance.
 - Utilize Prong 1 - proportionality compared to the overall student body.
- Develop student-athlete programming that helps underrepresented student-athletes adjust to campus.
 - Identify campus constituents willing to mentor student-athletes.
 - Collaborate with the Multicultural Affairs Office and make use of existing programs

National Visibility: Implement creative messaging to expand, promote and effectively communicate our brand nationally.

- Intentional efforts within External Relations structure to maximize image and revenue opportunities.
- Utilize contemporary technologies to increase reach to BGSU audiences.
 - Expand social networking opportunities to engage fans and alumni.
 - Educate student-athlete and coaches to better brand BGSU Athletics.
- Broaden TV exposure for athletics teams both locally and across the country.
 - Explore additional opportunities to get athletic events streamed.
- Capitalize on opportunities to host both athletic and ancillary events on campus.
 - Successful hosting of NCAA and Conference championships.
 - Successful hosting of High School contests and championships.
- Use the athletics Web site as a vehicle of information that promotes team success and positive stories.
 - Complete the "Why Bowling Green" web and video content for potential recruits.
 - Increase the volume of team community services projects on individual team web pages.
- Continue licensing efforts to bring consistency to logo and mark usage within Athletics, across campus, and nationwide.
- Provide media training to select student-athletes.

Stewardship: Maintain fiscal responsibility while assisting in campus-wide initiatives to elevate the University's reputation.

- Meet budget that has been established by the University.
- Increase external funding areas in ticket sales, external marketing revenue, and Falcon Club.
- Cultivate the relationship with donors and supporters of our athletics programs.
- Assist in campus efforts to preserve energy and resources.
 - Continue to print responsibly and support Green initiatives.
- Act with integrity by taking responsibility for personal actions and treating others with respect, dignity and impartiality.
- Demonstrate a compliance commitment to NCAA, MAC, and University rules and regulations.
 - Implement and sustain a quality rules education program for student-athletes, coaches, staff and representatives of the University's athletics interest.
 - Devote time to monitor, investigate, and report rules violations that corresponds with NCAA reasonable standards to maintain institutional control.
 - Create and support an environment where individuals are comfortable reporting rules violations.
 - Continue to train coaches on the JumpForward system to maximize its capabilities and improve department processes.

Athletic Training Department

The mission of the Athletic Training Department is to provide current, quality, and comprehensive athletic training services for the student athletes of BGSU with respect to the mission and core values of The University and Athletic Department

The Clinical Education Program

The mission of the Athletic Training program is to act as agents of change who will strive to fulfill this commitment through exemplary scholarship, creative endeavors, teaching, and service; as well as continue the long-standing tradition of excellence, including alumnus (1943) who were involved in the founding of the National Athletic Trainers' Association (NATA).

Standards of Ethical Conduct

The Code of Ethics of the National Athletic Trainers' Association has been written to make the membership aware of the principles of ethical behavior that should be followed in the practice of athletic training. The primary goal of the Code is the assurance of high quality health care. The Code presents aspirational standards of behavior that all members should strive to achieve.

The principles cannot be expected to cover all specific situations that may be encountered by the practicing athletic trainer, but should be considered representative of the spirit with which athletic trainers should make decisions. The principles are written generally and the circumstances of a situation will determine the interpretation and application of a given principle and of the Code as a whole. Whenever there is a conflict between the Code and legality, the laws prevail. The guidelines set forth in this Code are subject to continual review and revision as the athletic training profession develops and changes.

Principle 1: Members shall respect the rights, welfare and dignity of all individuals.

- 1.1 Members shall not discriminate against any legally protected class.
- 1.2 Members shall be committed to providing competent care consistent with both the requirements and the limitations of their profession.
- 1.3 Members shall preserve the confidentiality of privileged information and shall not release such information to a third party not involved in the patient's care unless the person consents to such release or release is permitted or required by law.

Principle 2: Members shall comply with the laws and regulations governing the practice of athletic training.

- 2.1 Members shall comply with applicable local, state, and federal laws and institutional guidelines.
- 2.2 Members shall be familiar with and adhere to all National Athletic Trainers' Association guidelines and ethical standards.
- 2.3 Members are encouraged to report illegal or unethical practice pertaining to athletic training to the appropriate person or authority.
- 2.4 Members shall avoid substance abuse and, when necessary, seek rehabilitation for chemical dependency.

Principle 3: Members shall accept responsibility for the exercise of sound judgment.

- 3.1 Members shall not misrepresent in any manner, either directly or indirectly, their skills, training, professional credentials, identity or services.
- 3.2 Members shall provide only those services for which they are qualified via education and/or experience and by pertinent legal regulatory process.
- 3.3 Members shall provide services, make referrals, and seek compensation only for those services that are necessary.

Principle 4: Members shall maintain and promote high standards in the provision of services.

- 4.1 Members shall recognize the need for continuing education and participate in various types of educational activities that enhance their skills and knowledge.
- 4.2 Members who have the responsibility for employing and evaluating the performance of other staff members shall fulfill such responsibility in a fair, considerate, and equitable manner, on the basis of clearly enunciated criteria.

- 4.3 Members who have the responsibility for evaluating the performance of employees, supervisees, or students, are encouraged to share evaluations with them and allow them the opportunity to respond to those evaluations.
- 4.4 Members shall educate those whom they supervise in the practice of athletic training with regard to the Code of Ethics and encourage their adherence to it.
- 4.5 Whenever possible, members are encouraged to participate and support others in the conduct and communication of research and educational activities that may contribute knowledge for improved patient care, patient or student education, and the growth of athletic training as a profession.
- 4.6 When members are researchers or educators, they are responsible for maintaining and promoting ethical conduct in research and educational activities.

Principle 5: *Members shall not engage in any form of conduct that constitutes a conflict of interest or that adversely reflects on the profession.*

- 5.1 The private conduct of the member is a personal matter to the same degree as is any other person's except when such conduct compromises the fulfillment of professional responsibilities.
- 5.2 Members of the National Athletic Trainers' Association and others serving on the Association's committees or acting as consultants shall not use, directly or by implication, the Association's name or logo or their affiliation with the Association in the endorsement of products or services.
- 5.3 Members shall not place financial gain above the welfare of the patient being treated and shall not participate in any arrangement that exploits the patient.
- 5.4 Members may seek remuneration for their services that is commensurate with their services and in compliance with applicable law.

National Athletic Trainers' Association. (n.d.) *Code of Ethics*. Retrieved March 23, 2015, from <http://www.nata.org/codeofethics>

Professionalism and Ethical Behavior

As stated previously in other sections, as a member of the BGSU athletic training staff you are a representative of not only of yourself but also the University, the Department of Intercollegiate Athletics, and the entire profession of athletic training. Professionalism is established and demonstrated through a number of desirable personality characteristics such as honesty, integrity, morality, commitment, knowledge, dedication, and attention to detail that are expected of every athletic trainer and athletic training student at BGSU.

Athletic training staff members are expected to adhere to the NATA Code of Professional Practice and Ethical Principles at all times. Staff members should never publicly question or express negative opinions of treatment and/or care rendered by a physician or another member of the clinical athletic training staff. If a concern arises about a particular athlete's treatment or evaluation, that concern should be addressed privately with the athletic trainer and/or the Director of Sports Medicine. Information heard or discussed at team meetings, practices, games, etc. by coaches, athletes, and/or administrators is privileged information. It is considered confidential and should not be discussed with other individuals. Staff should show appropriate respect for all coaches, professional staff, administrators, etc. at all times. Staff should also enforce the operational policies of the BGSU Athletic Training Rooms.

Athletic training staff members will refrain from dating or otherwise developing intimate relationships with all athletes or clinical athletic training students, particularly those athletes, students, or patients to whom the staff member is directly required to provide athletic training services or supervision. As a staff member in a health care profession, it will be necessary to make decisions regarding individual athletes' care and participation status. These decisions may become unnecessarily complex if the athletic training staff member has a personal interest in the athlete. Should it become apparent or brought to the attention of the Director of Sports Medicine that a staff member has developed a personal relationship with an athlete or student who is under their care or supervision, the staff member in question will be asked to explain the situation. Should the assumption or allegations prove true, the staff member will be immediately reassigned to another team and the Athletic Director will be informed.

Athletic training staff members should also avoid encouraging or engaging in overt sexual advances from or with athletes ("flirting"). Such practices will effectively undermine most attempts to garner professional respect from the athletes under his/her care. Additionally, such behaviors often have the unfortunate consequence of impeding the efforts of other athletic training staff members of the same gender to garner professional respect from the same athletes even when those individuals avoid encouraging such advances. Violations of this policy will not be tolerated and individuals who are in violation of this policy will be directed to the Athletic Director. The following will provide the student with guidelines while active in the BGSU athletic training room.

Relationships

Coaching Staff

As an athletic training staff member, it is important to develop a loyalty to the coaching staff regardless of personal opinion. Athletic trainers must be a "team player". When things get tough, as they will, maintain respect, courtesy, cooperation, and loyalty to the coaching staff. When informing coaches as to the condition of their student-athletes:

1. Tell only what you know, don't guess or offer opinions.
2. Be firm in your opinion, don't be intimidated into compromising.
3. Develop discretion; know when you have said enough. Know your responsibilities and refer to a physician when appropriate.
4. If you feel that you are being pressured or intimidated, ask for assistance from the Director of Sports Medicine.
5. When in doubt about the confidentiality of the information to be shared, consult with the Director of Sports Medicine.

Student-Athletes

As stated above, athletic training staff members will refrain from dating or otherwise developing intimate relationships with athletes, particularly those athletes to whom the athletic trainer is directly required to provide athletic training services. As a staff member it will be necessary to make decisions regarding individual athletes' care and participation status. These decisions may become unnecessarily complex if there is a personnel interest in the athlete. Athletic training staff members should be aware that behavior, however innocent in intention, can be misconstrued and deemed inappropriate or considered sexual harassment. The athletic training room is a medical facility and a clinical educational setting, and should be treated as such. It is a place to provide athletic training services and teach clinical skills that help students' work on clinical proficiencies. Above all, it is a place that quality health care is provided to BGSU student athletes. Staff members should consult the BGSU Sexual Harassment Policy for further information. Maintain a degree of separation from the student-athletes. This will enable you to develop a level of professionalism. The NCAA rules include directives on how the student-athlete may be treated by others (boosters, staff, etc.). Each member of the athletic department staff must be aware of the rules governing giving an athlete "special privileges" that any other non-athletic student does not have. Specific questions may be directed to the compliance office.

1. Socializing with student-athletes should be minimal. The athletic training room is a place to work and provide athletic training services. Communicate in a professional manner at all times.
2. You are expected to behave as a professional regardless of personal opinions, feelings, likes or dislikes you may have formed about someone.
3. Locker rooms and athletic training facilities can be areas that promote gossip. Stories about your personal life whether true or not will affect your ability to perform your duties and should be kept private.
4. Make sure that you do not allow yourself to become the subject of gossip or the perpetrator of gossip.
5. Keep communication on a professional level. Do not get involved as a sympathetic listener to a student-athlete's frustrations. They may be exaggerated and one-sided. Support the BGSU athletic training program. Be proactive about your treatment and rehabilitation plans.
6. The athletic training staff at Bowling Green State University will not tolerate

prejudice for any reason. All student-athletes will be treated as equals regardless of ability, sport, race, or gender.

7. The NATA Code of Ethics states that "athletic trainers should recognize that personal problems and conflicts may occur which may interfere with professional effectiveness. Accordingly, they [athletic trainers] should refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a student-athlete or colleague."

Interpersonal Relationship Issues

Interpersonal relationships of staff and students enrolled in the athletic training education program pertaining to dating, socializing, or living with athletic training students may have a negative effect on the athletic training program and individuals' professional advancement and delivery of health care to student-athletes. Even where negative consequences to the participants do not result, such romantic liaisons create an environment charged with potential conflict of interest. Amorous relationships that the parties may view as mutual may still raise questions of favoritism or an exploitative abuse of trust and power (refer to the BGSU Discrimination and Sexual Harassment Policy). As a result, we will state again, that relationships between staff members and athletic training students are therefore strongly discouraged.

Conflict Strategies

As a staff member of the athletic department you will spend many hours working with other individuals in the program. Under the best of circumstances, there will be times of conflict. By adding long hours, diverse personalities and the pressures associated with Division I athletics, conflict is inevitable. To assist with direct communication, the following are strategies in dealing with conflict before it becomes a major incident. Do not let minor misunderstandings and lack of communication develop into a significant problem that impacts the mission of the department.

Athletic Training Staff-Athletic Training Staff Conflict

1. First, address each other in a polite, respectful, neutral environment.
2. If the problem cannot be resolved, each individual should document the situation and inform the Director of Sports Medicine.
3. The Director of Sports Medicine will then mediate a solution by scheduling a meeting involving all parties and following up with written documentation.

Athletic Training Student-Certified Athletic Trainer Conflict

1. A meeting will be scheduled between the athletic training student and the certified athletic trainer to discuss the situation.
2. If the problem cannot be resolved, the athletic training student and the certified athletic trainer will document the situation and submit it to the Director of Sports Medicine.
3. The Director of Sports Medicine will then mediate a solution by scheduling a meeting involving all parties and following up with written documentation.

Athletic Training Staff-Student Athlete Conflict

1. Address the student athlete in a polite, respectful, neutral environment.
2. If the problem cannot be resolved document the situation and give it to the Director of Sports Medicine.
3. The Director of Sports Medicine, and possibly the coach and/or Senior Associate Athletic Director will then mediate a solution by scheduling a meeting involving all parties and following up with written documentation.

Athletic Training Staff-Coach Conflict

1. The athletic training staff member will schedule a meeting with the supervising certified athletic trainer to discuss the situation and come to a resolution to the problem.
2. If the problem cannot be resolved, the athletic training staff member should document the situation and submit it to the Director of Sports Medicine.
3. The Director of Sports Medicine will mediate a solution between the staff member and the coach. The Senior Associate Athletic Director may also be involved in the process.

II. ORGANIZATION

Bowling Green State University Athletic Training Staff Directory

Alfred Castillo	Assistant Athletic Director Sports Performance	Office	419-372-7088
	Director of Sports Medicine	Cell	573-587-3402
	Head Athletic Trainer		
Dan Fischer	Assistant Athletic Trainer	Office	419-372-7238
		Cell	314-221-0765
Robert Whitehurst	Assistant Athletic Trainer	Office	419-372-2219
		Cell	419-677-6641
Chelsea Lowe	Assistant Athletic Trainer	Office	419-372-7089
		Cell	303-241-9967

Personnel

The athletic training staff consists of certified staff athletic trainers, certified graduate assistant athletic trainers, athletic training students, team physicians and consulting medical specialists. All of these individuals carry out a unique, integral, and important role in the complete health care of the student athletes at BGSU.

Head Athletic Trainer/Director of Sports Medicine

The Head Athletic Trainer/ Director of Sports Medicine reports to the Senior Associate Athletic Director and oversees the medical services provided to all student-athletes. The Director of Sports Medicine directly supervises all athletic training staff and oversees all operations of the athletic training room. The Director of Sports Medicine is also responsible for team medical coverage. Responsibilities: management of the athletic training department operation for intercollegiate athletics including all budgetary, policy and procedures, administrative and patient care as indicated, direction of athletic training operations including sport coverage, emergency procedures, inventory and ordering of expendable goods, coordination of pre-participation physical evaluations, supervision of the clinical student athletic training program, coordination and supervision of all insurance billing, medical records, reports to Assistant Director of Athletics, Senior Women's Administrator.

Staff Athletic Trainers

Staff athletic trainers are responsible for team medical coverage. They work with and under the supervision of team physicians, and report to the Director of Sports Medicine. They have the following duties and responsibilities:

1. Direct the injury prevention efforts for BGSU intercollegiate athletics.
2. Direct and administer rehabilitation procedures under the direction of the team physician(s).
3. Provide coverage for home and away athletic events and practices.
4. Perform administrative duties associated with the athletic training room operations as assigned by the Director of Sports Medicine.
5. Supervise athletic training student on-site.
6. Participate in the daily operation of the athletic training room.
7. Travel with athletic teams as assigned.

Graduate Assistants

Graduate assistants report to an assigned Staff Athletic Trainer. They are responsible for performing the same duties as staff athletic trainers while taking steps to obtain a graduate degree and obtain additional athletic training experience.

Athletic Training Students

Athletic training students at BGSU have varying responsibilities depending on their skill level and progression through their competency checklists, as determined by semester expectation documents. The athletic training student is preparing to become certified by the National Athletic Trainers' Association Board of Certification.

Athletic Training Education Program Director

The athletic training education program director oversees and directs the athletic training major that includes curriculum development, advising, and coordination of clinical education for athletic training students and coordination of teaching activities that utilize the athletic training staff. The program director communicates with the Director of Sports Medicine regarding athletic training academic policy changes and issues.

Athletic Training Education Instructors

Instructors in the athletic education program work in conjunction with the program director and Director of Sports Medicine in providing and supervising student educational opportunities, both in the classroom and athletic training room. Occasionally, instructors may assist in covering practice and events. In situations such as this they function as any other member of the BGSU athletic training room staff.

Team Physicians

The team physician(s) provide the ultimate diagnostic, supervisory, surgical, and prescriptive medical care for the BGSU athletic training program. The team physician(s) and the certified athletic trainers will determine the treatment and rehabilitation for all BGSU Intercollegiate student-athletes. The team physician(s) has absolute authority in determining the physical fitness of a student-athlete who wishes to participate in BGSU athletics. He/she also has the responsibility of determining whether a student-athlete can participate because of a physical disability, injury or illness. If a student-athlete chooses to seek outside medical advice, the student athlete will be financially responsible for any costs that ensue if approval is not given **PRIOR** to appointment.

Medical Consultants

Medical consultant(s) provide specialized diagnostic, surgical, and prescriptive medical care. Medical consultants affiliated with the BGSU athletic training program have specialty skills necessary to provide the best possible care to the student athletes of BGSU. Medical consultant(s) will work with the team physician(s) and the staff athletic trainers to determine treatment and rehabilitation plans for all BGSU Intercollegiate student-athletes.

Roles

The following is a description of the various administrative duties of full-time staff members. Graduate assistant athletic trainers may perform some or all of these roles and are encouraged to participate and learn about each role.

Undergraduate Student Athletic Trainer Education

Liaison between the Undergraduate Education Program Coordinator. Creates and maintains clinical education policy and procedures manual. Develops and periodically reevaluates performance criterion and competencies for athletic training students, administer programs to assist in their development, and provide means of evaluating progress.

Inventory

Maintains a system of inventory for all expendable goods. Generates an end of year report describing supply and inventory.

Graduate Assistant Recruitment

Advertises graduate Assistant position, collects and organizes resumes of all applicants, and provides any requested information to applicants.

Team Physician and Consultant Coordinator

Coordinates team physician and consultant clinic and coverage.

Emergency Equipment Maintenance

Ensures that athletic training room emergency equipment is in working order and each training room is appropriately equipped.

Athletic Training Student Work Schedule

Completes the morning and afternoon athletic training student work schedule to ensure adequate training room and event coverage.

Student Meeting Coordinator

Schedules and coordinates meetings with athletic training students.

Staff Inservice Scheduling

Schedules in-services for certified athletic training staff. Consults with the staff to determine topics. Invites potential speakers and ensures that their needs are met for a professional presentation.

Insurance Coordinator

Files and processes insurance claims that result from athletic-related injuries sustained by BGSU Student-Athletes.

NCAA Drug Testing Liason

Facilitates mandatory drug testing procedures.

Web Site Coordinator

Develops and updates the athletic training department website.

Falcon Health Center Liaison

Serves as staff liaison to the wellness center. Presents information on the services that the wellness center provides.

III. OPERATIONS

This section of the manual describes policy designed to guide daily operations of the Athletic Training Department.

Athletic Training Room Hours

Work hours will be posted on the front door of each athletic training room. The hours for the main athletic training room located in the Sebo Athletic Center are as follows:

School-Year Hours

Monday – Friday: 6:00 a.m. – 1:00 p.m. 1:00p.m. until close is by appointment only/based on availability of covering certified athletic trainer

Saturday/Sunday: Based on availability of the covering certified athletic trainer for each sport individually.

Summer Hours

Determined by individual team workout schedules, including lifting, conditioning and practice.

Routinely, satellite athletic training rooms located in Anderson Arena, the Ice Arena, Eppler Complex and the Field House will be open based on availability of covering athletic trainer of each sport. Holidays and periods when school is not in session, the athletic training room may be open for sport coverage or by appointment only. Summer hours for the Sebo Athletic Center Athletic Training Facility will be posted on the front door of each athletic training room and will be coordinated with team coverage and strength and conditioning staff.

The Sebo Center Athletic Training room must be open and covered by a certified athletic trainer during the weight room's hours of operations. If an issue arises with this, please address the issue with the Director of Sports Medicine.

Athletic Training Room Rules

Each member of the staff is expected take equal responsibility for the enforcement of the Training Room Policies and Procedures. This includes enforcing the policies for clinical athletic training students. Enforcing the rules should be done in a polite and professional manner.

Bowling Green State University

Athletic Training Room Rules

1. **Be on time for all treatments.**
2. **Be responsible for your injuries.**
3. **Communicate with the supervising staff about your injuries: are you improving, staying the same, or feeling worse?**
4. **Work hard on your rehabilitation!**
5. No vulgar or inappropriate language.
6. No cleats on the carpet of the athletic training room.
7. No equipment in the athletic training room.
8. Take a shower before treatment (including warm/cold whirlpool, hydroworx, etc...).
9. Dress appropriately for treatment – shirts are **required**.
10. No food or drink in the athletic training room.
11. No smokeless tobacco ("chew") in the athletic training room. The NCAA prohibits it.
12. Injured players must continue to attend all team meetings and functions unless released by the Head Coach.
13. Being in the athletic training room is not an excuse for being late to meetings, films, practice, etc.
14. *At no time athletes are allowed to perform their own modality treatments.*

Appearance and Dress Code

The clothes one wears and the manner in which he/she wears them are directly related to job performance due to the image projected to the athletes, coaches, students, parents, and community. As a member of the BGSU athletic training staff you are representing a BGSU sponsored program, as well as the profession of athletic training.

All staff working in the athletic training room must abide by the dress code outlined below. This policy is consistent with the athletic training student policy on dress code. All personal clothing worn while on duty should be professional and appropriate for the possible activities in which the staff member may be involved.

A number of dress code restrictions have been implemented to encourage professionalism, safety, functionality, and practicality amongst our student staff. It would be appropriate for staff to support and follow these policies whenever working, including event and practice coverage, off-campus clinical assignments, on- and off-campus medical specialist consultations, and while traveling with BGSU athletic teams.

Shirts

Full time staff are highly encouraged to wear either a BGSU athletic training t-shirt or polo shirt during athletic training room coverage and practice coverage. Non-athletic training specific shirts with BGSU logos may be worn. A plain collared ("polo") shirt as long as they are white, orange, black, gray, and/or brown may be worn. "Dress" shirts (buttoned and collared) or sweaters of any color may also be worn during treatment hours. Sweatshirts in white, orange, black, gray, and/or brown that are BGSU athletic training or plain (no other advertisement) are acceptable. Shirts depicting alcohol or tobacco advertisements, any other advertisement of any kind, fraternity or sorority parties, other universities, or objectionable language or images are not appropriate. Shirts must always be tucked in. Shirts with cut-off sleeves, half-shirts, or plunging necklines are not allowed.

Shoes

Sandals, open-toed shoes, and slides are not permitted for safety and efficiency reasons. Clean and comfortable closed-toed shoes must be worn at all times.

Shorts and Skirts

Shorts worn for practice situations must be of conservative length (at least 4" inseam), and may only be khaki, brown, black, white, gray or orange. As a general rule of thumb, shorts should extend at least past the fingertips when standing upright with arms placed at side and fingers fully extended. Skirts may be appropriate for some indoor event coverage; however, length should be consistent with minimum guidelines for shorts. Cut-off shorts or jean shorts, regardless of length, are not allowed.

Jeans

Jeans may not be worn in any athletic training facilities. **If possible, navy, khaki, or black dress slacks or pants are much preferred.**

Hats and Visors

Hats may be worn, but they should be clean, without holes or tears, and squarely situated (facing forward) on the head. Staff are **strongly discouraged** from wearing brimmed hats or visors indoors. Hats or visors should be official BGSU-related merchandise or plain black, orange, white, or neutral. Knit (stocking) hats are permissible only in cold weather. Hats or visors from other universities or teams are never to be worn while on duty.

Sweat Pants and Warm-up Pants

Sweat pants are allowed while covering athletic training room and practices as long as they are appropriate style and color. Nylon warm-up pants are acceptable provided that they are black, orange, white, brown, or gray.

Facial Hair, Tattoos, and Piercings

Facial hair such as a moustache or a goatee is acceptable as long as it is conservative and well kept. Staff/students who report to work with a poorly maintained beard or “scruffy” appearance will be required to shave or asked to leave. If a tattoo is visible with clothing worn in the athletic training room, a meet with the Director of Sports Medicine will be set up. If tattoo is of offensive nature, or otherwise deemed inappropriate, staff/student may be asked to cover it. Facial piercings may be addressed with the Director of Sports Medicine.

Hygiene

Staff must maintain adequate personal hygiene. As health care professionals, we must maintain a clean body (particularly hands) in order to prevent the spread of bacteria and infection. This includes clean, closely trimmed fingernails, clean, well-groomed hair, and clean, fresh-smelling and/or pressed clothing. Hairstyles should be consistent with professionally accepted styles.

When working athletic events as the supervising athletic trainer will determine the attire in advance for students. Outdoor event attire will vary by sport, while indoor events will typically require professional dress such as a business suit, conservative dress, or coat and tie. In general staff should expect to dress at least as well as the coach(es) of their particular sport. When traveling on a team trip adhere to any additional guidelines set by the coach of that sport. Particularly for outdoor sports, it is advisable to be aware of typical weather patterns and dress accordingly. Questions concerning appearance and dress code policies should be addressed to the Director of Sports Medicine.

Schedules

The schedule will be made by the Director of Sports Medicine in attempt to allow each staff member to lead a balanced life. Additionally, the following will be followed:

Winter Break

The athletic training room will be open for sport coverage only beginning “dead week” until the first day of school in the spring semester. Sport coverage means that athletes must consult with their team’s athletic trainer or a designee for any medical needs. Athletic trainers are expected to fulfill their obligations to their teams during this time.

Summer

The athletic training room will be open depending on team workout schedules and by appointment. Athletic trainers are expected to be present as needed to provide athlete care and complete tasks. A schedule will be created at the beginning of the summer.

Time Off

Time off and vacation time has to be requested from the Director of Sports Medicine and staff have to appropriately recorded on your end of the month time sheet that is turned in to the Athletic Director’s secretary.

Special Scheduling Needs

If a staff member has a personal or professional need to be away from the athletic training room during their scheduled hours, he or she should request the time off from the Director of Sports Medicine and communicate this to other staff that will be impacted by any absence. This will allow the other staff members to adjust their schedules as needed.

Snow Emergency

The policy of the university will be followed in the event of a snow emergency and can be found on the human resources web site at <http://www.bgsu.edu> then click on the link for faculty and staff, then human resources, then the handbook for administrative staff. Please communicate any emergency travel issues with the Director of Sports Medicine as soon as possible if your ability to fulfill your duties for team coverage is effected.

Meetings

Department (ICA) Meetings

Occasionally the Athletic Director will hold an ICA all-staff meeting. This meeting time will typically announced by e-mail. **These are required meetings and all full-time staff and graduate assistants are expected to attend.** If you are not able to attend, the athletic director has requested that you report the reason by e-mail.

All-staff Meetings

At the beginning of each semester and when the need arises, we will hold a meeting for all full time staff and graduate assistants. We will meet to discuss current developments, give everyone an opportunity to hear concerns as a group, and any other issues or topics that arise. An agenda sheet will be available at the beginning of each meeting outlining topics to be discussed. Your input and attendance is required.

Student meetings

All-Student meetings will be scheduled throughout the year as needed to address issues and concerns with the athletic training students. Your input and attendance is appreciated and you are encouraged to bring concerns to the Director of Sports Medicine so that we can gather topics to be discussed.

Full-Time Staff meetings

The Athletic Training Department's certified athletic trainers will meet periodically to discuss current developments and to disseminate important information. Staff meetings will be scheduled to last about 60 minutes. Staff members with items that he or she feels need to be discussed are asked to contact the Director of Sports Medicine before the scheduled meeting. The staff meeting is designed to be a forum for information and discussion on important issues. Your ideas and input are encouraged at these meetings.

Certified in-services

In-service educational opportunities will be scheduled periodically for the staff and other interested individuals throughout each semester. This lecture series will feature local and regional professionals who may offer some insight to the field of athletic training. Certified athletic trainers (full-times and graduate assistants) on the BGSU staff are required to attend. If you have any ideas for topics please contact the Director of Sports Medicine.

Continuing Education

The Director of Sports Medicine will attempt to support each full-time staff member's efforts to obtain approved continuing education with a set amount of money to be determined at the beginning of the fiscal year. If a full-time staff member desires to attend a course or national convention, he or she must submit a request for the course that includes a description of the course, projected cost of travel, and lodging to the Director of Sports Medicine. If there is not enough money in the budget to support this request, individuals may have to pay for travel on their own or attempt to attend education opportunities offered locally. Each individual is requested to be sure that any course/convention attended results in BOC accredited CEUs.

Office Space and Computers

Staff offices are the personal space of the certified athletic trainer. These offices are not to be utilized as an athletic training student or student athlete hangout. Student-athletes are not permitted to lounge in the offices or the athletic training room. Athletic training students are not to use computers unless for legitimate athletic training classroom or clinical purpose. Surfing the web is not to be performed on athletic training room computers. Athletes are not to use computers at any time. Reference material that is the property of staff members is personal property. Please make sure students ask before using any staff reference material. Please help assure students do not remove items from an office without permission of the certified athletic trainer.

Telephone Policy

The telephone is vital to the profession of athletic training. Much business that an athletic trainer conducts is done utilizing the telephone.

Cellular phones

No student should have their cellular phone on them during athletic training clinical hours unless pre-approved by supervising certified athletic trainer. Staff and graduate assistant athletic trainers should only use their phones when necessary during training room/practice/game coverage.

Radios

There are two-way radios located in the Sebo Athletic Training room available for sport and event coverage. If a radio is taken out to a venue for practice or event coverage, one radio should be placed centrally in the athletic training room with the volume on high. All radios should be returned at the end of the day to be adequately charged and secured. (See radio protocols in Appendix A)

On the Job Injuries

If a staff member is injured while performing their job, the staff member must report the incident to the Director of Sports Medicine as soon as possible after the injury or illness occurs. A complete description of Risk Management and Safety's procedures can be found on the university web site.

Illegal or Abused Substances

Alcohol, tobacco, and other illegal or abused substances are **NOT** permitted in the athletic training room and **MAY NOT** be utilized while on duty. If a staff member reports for duty or for a University-sanctioned athletic trip under the influence, **he/she will be placed on immediate suspension** and referred to the Athletic Director immediately. The Code of Ethics of the NATA makes it unethical to use or dispense any illegal substance. This includes alcohol, cocaine, marijuana, amphetamines, stimulants, depressants, anabolic steroids, tobacco products and other related compounds. Athletic Training staff and students are subject to any BGSU Athletic Department and/or NCAA Drug Usage Policy and Testing Program and as such can be tested at any time randomly or if there is reasonable suspicion that they are using and/or abusing drugs. The BGSU Athletic Department Drug Testing Policy is available upon request. Athletic Training is an allied health profession. Act Accordingly. If a staff member needs help in dealing with a substance abuse problem, he or she is encouraged to consult with the Director of Sports Medicine or contact the University Counseling Center at (419) 372-2081.

Drug testing

Refer to the Bowling Green State University Department of Intercollegiate Athletics Drug Testing Policy in appendix. As a full time staff member or graduate assistant you are subject to this policy and may be drug tested under its rules and regulations. You are also subject to the University policy on drugs in the work place available on line.

Facility Maintenance/Repair

Staff members who recognize a facility malfunction (electrical, light bulbs, plumbing, etc) can request repair of the malfunction by contacting our facility repair person. For more significant facility issues notify the head athletic trainer so that the request can be communicated to the appropriate assistant athletic director.

Emergency Equipment

The emergency equipment coordinator will maintain a yearly checklist documenting that all emergency equipment has been inspected and is in working order. It is the responsibility of each certified staff athletic trainer to routinely check equipment. If at any time equipment is observed to be faulty or otherwise not operational, it should be reported to the Director of Sports Medicine immediately for repair or replacement.

University Vehicle Policy

The primary responsibility for transporting student-athletes falls on the student-athlete. However, at certain times you may be asked to transport a student-athlete to/from the hospital, doctor, or any other medical services if other arrangements cannot be made. You are under **NO** obligation to perform this service.

Each staff member is responsible that he/she is familiar with the operation of the Gator utility cart. This is a gas-powered cart that is regularly utilized for transporting coolers, supplies, transporting injured athletes, and other tasks as needed.

All staff members must assure that students follow the policies outlined in proper use of university vehicles, including the Gator. Be aware that only students currently enrolled in the BGSU ATEP are permitted to drive the Gator assigned specifically to the BGSU Athletic Training Education Program. Athletic training students qualified to drive a Gator may not drive Gators assigned to other BGSU Athletics areas such as the equipment room. In order to be qualified to drive the Gator, students must have been instructed in its use. Additionally, individuals must have a current drivers' license and must obey all University traffic laws. The Gator is **never** to be driven off-campus.

If the Gator is damaged, please report it immediately to the Director of Sports Medicine. Please remember that safety is paramount in the use of the Gator. As the driver you are responsible for other individuals riding. **DO NOT** let others ride in the bed of the Gator. Use judgment when driving. The Gator does not steer like a typical vehicle, go slow and use caution. **DO NOT** let student athletes ride on the Gator under any circumstances unless they are injured and you have been instructed to do so by a certified athletic trainer.

All staff and students will be required to assist with the maintenance and upkeep of the Gator. This includes maintaining appropriate fluid levels, maintaining appropriate tire air pressure, maintaining a clean appearance, and any other scheduled maintenance.

Gas Procedures

To fill up any of the Sports Medicine vehicles, staff member must request the key fob from the Director of Sports Medicine. On the key fob, there is a code directly linked to the BGSU Sports Medicine gas account. Once staff member has the fob, drive the vehicle down Stadium Drive towards Mercer Road. Cross Mercer Road onto East Merry Avenue. Take Merry Avenue to the end of the staff parking lot (if you have hit North College Drive, you have gone too far) where you will pull in and pull behind the Technology Services Building. This is where you will find the University Gas Pump.

On the pump, there will be an electronic system where you will plug the key fob into the pump and enter the numeric code for BGSU Sports Medicine. Once the code is entered, you can begin to fuel the vehicle. Upon completion, make sure to document the number of gallons to report to the Director of Sports Medicine.

Only University owned/sponsored vehicles should be filled up using this pump. If another vehicle is found to be filled up using this pump, or the BGSU Sports Medicine account, disciplinary action will be taken by the Director of Sports Medicine.

Gambling

NCAA regulations prohibit gambling among athletes and athletic personnel, including athletic training staff and students. Medical information available to athletic training staff and students is confidential. Any BGSU staff member utilizing private and confidential medical information for gambling purposes or identified as wagering on college athletic events or found to be providing confidential information to others who in turn wager will be suspended immediately and referred to the Athletic Director.

IV. Clinical Responsibilities

Individual Staff Responsibility

Each staff member has general responsibilities to assure the proper and efficient operation of the training room. Each staff member must also assure that athletic training students under their supervision adhere to these policies as well. These are outlined in the following section.

Medical Confidentiality and Media Relations Policy

As a member of the athletic training department staff you will necessarily have access to medical documents and information that is considered confidential. Patient confidentiality is of the utmost importance in any health care setting, including athletic training. With the lone exception of discussing injuries or conditions with other members of the athletic training and/or sports medicine staff in order to ensure effective and proper assessment and/or treatment, athletic training staff should never under any circumstances discuss specific injuries with anyone for any reason.

Medical information is the personal business of the student-athlete. It is not to be repeated to coaches, other student-athletes, professional scouts, peers, roommates, reporters, etc. Before releasing any information the proper release forms must signed (see the list of forms in the appendix). The complete and specific medical confidentiality policy is included in appendix. In addition, questions about height, weight, personality, ability or any other question regardless of how trivial can be answered simply by "It is not appropriate for me to comment". The wrong phrase, presented in the wrong manner, or out of context, can ruin a student-athlete's career or reputation, or simply could upset the student-athlete who thought that his/her personal life was his/her own. Don't abuse the trust in the position you hold or have worked hard to earn. In addition, medical files are to be viewed for professional purposes only.

More specifically, staff members may not release any medical information of any type (including injury status, return to play, etc.) to members of the media. Staff also should never comment on the Policies and Procedures of the Athletic Training Department or any comments concerning the BGSU Athletics Department.

Medical Files

We have a hard copy of all medical files on each student athlete that is participating in varsity athletics at BGSU. Each hard copy file has a sport color-coded label and is filed by sport. Medical files are confidential information. The athletic training staff, physicians, and athletic training students, on an as needed basis, have access to the student-athlete's medical file. Do not share information from the student-athlete's files with anyone outside of the above-mentioned personnel. Sports information (SID) and the strength & conditioning staff (S&C) will ask for height and weight lists on various sports. A member of the athletic training staff will compile these on a separate form. All medical files and supplies used during doctor's office appointments must be put away at the end of each day and **all medical records must be locked up at the end of the day**. Each staff member is responsible for keeping up-to-date records of all evaluation and treatment provided in the athletic training room and assuring that athletic training students are completing necessary paperwork and that it is being signed off by an ATC. (See appendix for a list of current evaluation and follow up treatment forms) Maintenance of the permanent charts will be the responsibility of the supervising athletic trainer of each sport. This will include all archiving of records. (Please also refer to the Medical Records Privacy Policy in the appendix)

Archiving of Records

After a student athlete completes their participation their medical record will be placed in archives. Each file will include all medical documentation during the athlete's time as a BGSU athlete, an Exit Evaluation Form, and printed record of all treatments/doctors visits/injuries and illnesses. This record will be kept for 7 years following their participation. It is each staff member's responsibility to archive their team's records at the end of each year.

FERPA/HIPPA

FERPA and HIPPA are federal laws that govern the sharing of medical records. The relevance of this to the athletic training room is that medical information that is stored or documented in the athletic training room cannot be released to other individuals without the student athlete's consent. Our medical records must be stored in the appropriate chart, organized in the proper manner, and locked when not being accessed. At no time should medical information be released or discussed by a staff member or student athletic trainer. Please make sure students file records accurately and carefully. If you have any questions please consult the Director of Sports Medicine (please also reference the policy on Medical Confidentiality).

Before releasing any medical records or requesting medical records you must have the student athlete sign the proper release form. All medical release documents are included in the appendix and available in the athletic training room. After release of medical information please keep the signed release form in the student athlete's medical record. This will allow us to track those entities and individuals that information has been released to.

Doctors Office Procedures

The BGSU Athletic Training Program relies on a number of physicians to help provide comprehensive medical care to the Bowling Green State University Student Athletes. These physicians come into the athletic training room on a rotating schedule to provide injury evaluation, treatment, and management. As a staff or graduate assistant athletic trainer you may also refer athletes to the physician's office for evaluation, medical testing, or other procedures.

Scheduling

Student athletes are signed up on a first come, first served basis. All student-athletes wanting to see a physician must be given prior approval by a certified staff athletic trainer. The staff member will schedule the next possible appoint via SIMS online injury tracking program. If a student-athlete is late for an appointment, they will be required to wait until the doctor has a chance to see them that evening or be rescheduled.

Orthopedic Clinic

One evening during the week in the fall/spring semesters, half time of football and mens basketball games as needed, the BGSU team orthopeadic surgeons volunteer time to see athletes in the athletic training room. The schedule will be coordinated by the Director of Sports Medicine. A certified athletic trainer, or a student under the direction of a certified athletic trainer, may sign a student athlete up to be seen by the physician.

Athletes will be seen according to the schedule on the computer and class schedule. Priority in scheduling will be given to athletes who are being seen during practice, or who have a class or other academic obligation. The circumstances should be noted so that all are aware of this scheduling need.

Athletes who are late for their appointment time will forfeit their spot to the next person on the list. The late athlete will then be seen after the last scheduled athlete, or in the event there is no one waiting and there is an opening, the late athlete will be seen then. Multiple late athletes will be seen on a first come first served basis. Adjustments may be made at the discretion of the supervising athletic trainer.

A student or certified athletic trainer covering the athlete's sport should be present during the athlete's evaluation by the physician. If this is not possible, please inform the supervising athletic trainer of the condition to facilitate the evaluation. Our physicians may request to see previously dictated notes if it is a follow up visit. The presenter is expected to have all necessary information, including the athlete's chart at the visit.

The evaluation of the athlete can be a learning experience for all in attendance, especially athletic training students. When presenting an injured athlete in clinic:

1. Introduce the athlete to the physician.
2. Athlete's name, sport and position or events
3. Brief history
4. Your objective findings and treatment to that point.
5. State your intention for the visit.
6. Educate physician to the urgency and circumstances

If there are circumstances that the athletic trainer feels the physician should be aware of to provide the best experience for the athlete, he or she may take opportunity to do so before the athlete has entered the room. Also, encourage the athlete to ask questions; perhaps have them written down prior to the visit to ensure all issues have been addressed. It is the intention of the team physicians and Director of Sports Medicine to treat all athletes from all sports equally based on medical need and team circumstances. It is the duty of the team's athletic trainer to make the physician aware of all the factors involved so that he may best meet the needs of the athlete and the team. Coaches and parents are welcome to attend orthopedic clinic with their athletes and should be encouraged to ask questions.

If a student-athlete chooses to seek outside care from that of a BGSU physician without referral from a BGSU physician, this will result in own coverage of costs unless the Director of Sports Medicine gives prior approval.

No show policy

If an athlete misses a scheduled appointment without a legitimate excuse, the head coach will be informed. This may result in the athlete having to seek future medical attention on their own.

Other consultant clinics

We have a variety of consultants that have agreed to provide services for our student athletes in the athletic training room. We will follow the same policy as for orthopedic clinic when having athletes attend these clinics. If you have a request or question regarding clinic scheduling please see the Director of Sports Medicine.

Doctors Notes

It is the responsibility of the Certified Athletic Trainer to obtain MD dictations following a scheduled appointment. Office dictations and/or hand written dictations, which are completed by the attending physician, are acceptable.

Dr. Noftz Clinic Protocol

For each athlete seeing Dr. Noftz during clinic hours please use the following intake/ triage protocol:

1. Pre-Schedule them the previous day utilizing the SIMS a. Fill out Physicians Appointment window in SIMS as complete as possible – with correct time/reason/etc.
2. Fill out the necessary demographic information on the "Appointment Intake Form" (The billing form) a. First Name, Last Name, Date of Birth, Date of Visit
3. Fill out any and all related Care Plan forms i.e. red eye, asthma, Uri, GI etc. as completely and accurately as possible and sign/date the bottom. a. Each complaint/care plan form needs the demographic information filled out as well (Name, Date of Birth, Date of Visit)
4. **Before the Student Athlete can see Dr Noftz they need to have the following pieces completed: a. Intake/Billing form, b. Complaint/Care plan form c. Vitals**
5. When the athlete is ready to see Dr. Noftz the AT (or ATS in place of AT) will present each case to Dr. Noftz and hand over the encounter forms
6. At the end of the entire clinic stack the completed forms on Chelsea's Desk for Falcon Health Submission.

BGSU Sports Medicine Prescription Drugs Policy

Bowling Green State University Sports Medicine Department has been issued a **TERMINAL DISTRIBUTOR OF DANGEROUS DRUGS** license by the State of Ohio State Board of Pharmacy. Dr. Jeff Noftz, responsible party- Head Team Physician BGSU, has given satisfactory evidence that all statutory requirements (ORC Section 4729.54 & 4729.55) have been met, is duly licensed, and is entitled to conduct business in the state of Ohio.

OHIO DRUG CATEGORY: 2 (TWO)

CLASS: 30 SPORTS TRAINING FACILITY

IDENTIFICATION NUMBER: 02-1341150 (11484)

****All Prescription Medication will be stored in a locked cabinet in the Doctors' Office, located in the Sebo Athletic Center- Athletic Training Facility.***

Dispensing Procedure

As per Ohio State Board of Pharmacy regulations only a PHYSICIAN may dispense prescription medication from this licensed location (ID number-02-1341150). At no time, will an Athletic Trainer be given permission or permitted to dispense prescription medication. All medication that is issued to a student-athlete, by a physician, must be labeled with the following pertinent information: *patient name, date, name of drug, directions for use, lot number and expiration date.*

Dispensing Log

All prescription medication that is dispensed must be logged in the BGSU Dispensing Log form that is located in the Sebo Athletic Center Athletic Training Facilities doctors' office. The following information must be recorded: *patient name, date, medication, lot number, expiration date, directions for use, and accompanied by the physicians signature.*

Inventory Log

All prescription medication will be logged in the prescription medication Policy & Procedure Manual, located in the Sebo Athletic Center Athletic Training facilities doctors' office. The log will be maintained and updated by the Director of Sports Medicine. The following information will be included in the log: *Drug name, Quantity, Strength (dose), and NDC Code.*

Disposal Procedure

All prescription medication that has been tampered with, has expired, or has become tainted will be transported to the Flacon Health Center, by the Head Team Physician, for proper disposal procedures.

A staff athletic trainer **WILL NOT** dispense any prescription medication to a student athlete. A staff athletic trainer **WILL NOT** carry any of these prescription medications in their travel kit or bag. All of these prescription medications that are stored in the Physician exam room **WILL BE securely locked at all times**. Athletic training students **WILL NOT AT ANY TIME** handle prescription medication.

Prescriptions Written by our Team Physicians

If we do not have a medication that a physician wishes an athlete to take they will write a prescription. The prescription can be filled at the Falcon Health Center Pharmacy or the pharmacy of the student-athlete's choice. The student-athlete will be given the written prescription by the team physician and then it will be the student-athlete's responsibility to have it filled. The student-athlete needs to take the prescription, any insurance information they have, and their ID card with them to the pharmacy. Prescriptions will not be covered by the athletic training budget unless prior arrangements met on a case-by-case basis.

Over-The-Counter Medication (OTC)

Policies for Athletic training students' usage

(Please refer to the Standard Operating Procedure for OTC drugs in appendix)

1. Athletic training students will not administer any OTCs on the field or in the athletic training room unless instructed to by a certified athletic trainer or physician.
2. All OTCs will be kept locked in each athletic training room.
3. OTCs will be kept in the athletic training kits of certified athletic trainers, or traveling athletic training students.
4. Athletic training students traveling with a certified athletic trainer will be allowed to administer OTCs after consultation with that athletic trainer.

Referrals

The following procedure must be followed for a student-athlete who is being sent outside of the athletic training room for any tests, doctor visits, x-rays, surgeries, etc. We will refer injuries and illnesses that are sport related and non-sport related in nature (please refer to the medical policy for questions). If the injury or illness is not sport related in nature our insurance **WILL NOT** pay for the medical bills. A medical referral form must be completely filled out by the physician or certified athletic trainer before the student athlete goes to the visit/appointment/treatment. The student athlete must also take any insurance card/identification with them to the appointment. As the certified athletic trainer, help make the appointment for the student-athlete and write the time and date of the appointment on the referral form. Assure that the proper documentation regarding the referral is received from the physician for the student athlete's medical chart. It is imperative that this process is followed. If you have questions please refer them to the Director of Sports Medicine.

Insurance information

At the beginning of each school year and upon returning after winter break, each student athlete is required to provide updated insurance information. Before any of your assigned teams travel, it is the supervising athletic trainer's responsibility to compile the necessary information to facilitate medical care while on the road, especially if a student is traveling with that sport. In the event an athletic trainer does not travel with the team, insurance information must be given to the coach.

Insurance Procedures

Completing insurance paperwork is an important aspect of documentation in the athletic training room. If an athletic injury is going to need some type of outside evaluation (medication, x-ray, MRI, surgery, outside consultant that will charge for treatment) an insurance claim form must be completed. The most important aspect of completing this form is to have the athlete sign the form at the bottom. This form should be completed in conjunction with an injury evaluation form and a referral form. If this form is not completed within 90 days, our athletic insurance **WILL NOT** be able to cover the injury. We, as a staff, need to make sure that procedures, rehabilitation, testing, x-rays, etc. are covered by our insurance before the athlete is sent for the service. If you have any questions, please seek the assistance of the insurance coordinator.

MRI

MRIs will be ordered by our physicians and appointments set up by the certified athletic trainers. Please be sure all correct paper work is completed (referral and insurance forms). After the MRI is completed a copy of the report of the findings will be faxed to the athletic training room.

Record of Treatments

All records of treatment should be documented in the Sports Injury Monitoring System (SIMS). This can be accessed through all university computers in any of the athletic training rooms on campus. Every student-athlete will be entered into SIMS upon completing and turning in his or her New Athlete Paperwork. This will allow for injuries, illness, doctors appointments, treatments, and anything else that pertains to each student-athlete's health and well being to be documented. At the end of each year, every student-athletes's records for that year, will be printed and filed into their medical folder. SIMS also allows for demographics, injury reports, etc.. to be printed, per athlete, team or entire student-athlete population. Each staff member and student will have their own log in username and password. All records are expected to be kept up to date.

Pre-participation physical examination procedure

All student-athletes are required to complete a physical before they are allowed to participate in **ANY** team related activity.

General Procedures for new student athletes:

1. Student athlete will fill out medical history
 - a. Make sure that "yes" answers have appropriate responses
2. All new or incoming athletes must have a current physical exam that has been performed within the last year. This exam has to be performed by a BGSU physician.
 - a. Record blood pressure/Pulse
 1. Blood pressure above 140/90 needs to be re-checked after 5 minutes following the American Red Cross procedures
 2. Pulse above 100 beats per minute needs to be brought to the attention of the physician completing the exam
 - b. Record vision
 1. Vision is checked 20 feet away from the chart
 2. Record left, right, and together; indicate if the student-athlete is or is not wearing glasses, or contacts
 3. As the student-athlete is reading the line if they miss one letter it is ok, if more than one letter is missed, ask to read the next line up.
 4. Record all vision scores of best-completed line.
 - c. A covering physician will perform an orthopedic check for incoming athletes
 1. In the event that there is a significant history or positive findings revealed by the physician, consult a team orthopedic surgeon
 2. The orthopedic surgeon may examine the student athlete and/or request that more information be obtained before clearing the athlete for participation
 3. Schedule any follow-up testing or procedures
 4. Assure that any needed previous medical records are requested and received
3. Student-athlete must sign the physical form and all waiver forms; a parent/guardian must sign if the student-athlete is under 18 years old
4. The staff athletic trainer responsible for that team or who reviewed the physical will sign off on the pre-participation exam after the student-athlete has had a physical
5. Be sure that the student athlete has completed all insurance information accurately
 - a. Make a legible copy of the front and back of the card to file with record
6. All significant health history information should be collected and documented in the medical alert section in SIMS for each athlete
 - a. These conditions include, but are not limited to:
 1. asthma
 2. heart conditions
 3. significant orthopedic conditions
 4. significant health history

General procedures for returning athletes:

- Assure that the student athlete has completed all necessary forms/updates including:
 - Insurance information
 - Nutritional Supplement Disclosure
 - Have the athlete complete the medical history/exam update
- Athlete will be evaluated by an approved BGSU physician, and a member of the BGSU medical staff will sign off on the medical history/exam update form.
- Note any major changes and request any appropriate documentation and records
- File all paperwork

Physical Evaluation Results

The team physician or designated physicians will review health history and physical examination. After the orthopedic examination the athlete will be assigned to one of the following categories:

1. Cleared
2. Cleared, after completing evaluation/rehabilitation
3. Not Cleared

Cleared

If the student athlete is cleared after the physical examination, they have completed all paper work and waivers, passed the orthopedic examination, and have all medical records turned in, athletes are approved for full participation. These athletes can practice with the team and work out in the weight room.

Cleared, after completing evaluation/rehabilitation

An athlete can be provisionally approved if they have passed the physical examination, have completed all paper work, signed all waivers, but need some type of follow-up. This could be a request of records, an x-ray, or some other test or documentation of injury. This otherwise would not limit their ability to participate or put the athlete at risk of injury. Once the information or test is complete the athlete is considered fully approved.

In the event an athlete presents with an orthopedic condition that does not allow full participation without further rehabilitation, the student athlete may be provisionally approved to participate in activities under the auspices of the athletic trainer with certain limitations. This status implies that the athlete will be approved for full participation upon successful completion of rehabilitation. The team physician may have to re-examine the student athlete and approve the athlete for full participation before being released for competition.

Activity restriction, if any, must be completely and fully communicated to the head coach and weight room personnel.

Not Cleared

If upon further review of the information gathered, the examining team physician feels there are medical reasons that the athlete should not be cleared for participation. This will lead to the athlete being disqualified from participation. The Director of Sports Medicine must be notified of all student athletes' in this category or potentially in this category.

Pre-Participation/Pre-Existing Medical Condition Waiver

If an athlete presents with a pre-existing injury or medical condition that could affect/impact/hinder or become worse with participation during the pre-participation physical evaluation, the Director of Sports Medicine and/or team physician may request that the athlete sign a waiver that outlines the potential risks associated with participating with the current condition. Please bring any potential concerns to the attention of the Director of Sports Medicine and the team physician.

Special Populations

The team physician will communicate any medical needs of an athlete presenting with a special concern to the team's athletic trainer.

Exit Physical Examination

An athlete who is completing his or her final season of eligibility will be provided with an Exit Eval questionnaire where they will be given the opportunity to participate in an end of the year examination by the certified staff athletic trainer and possibly a team physician. All student-athletes should also be reminded about the medical policy at this time regarding the one-year limitation on coverage of athletic related injuries.

Tryout Medical Policy

Students who choose to become involved in intercollegiate athletics at Bowling Green State University, and would like to 'tryout' for any team, will be asked to sign a University Waiver Form. This form must be obtained from a BGSU Certified Athletic Trainer and will allow for one day of participation. If more than one day is needed for a tryout, multiple forms will need to be signed (5 days maximum tryout period). The participant will be asked to submit the signed form, along with a current physical exam. If an injury is sustained during the 'tryout', immediate medical attention will be administered. All follow-up care must be done at the expense of the individual with the Falcon Health Center or the individual's family care physician. If the individual is asked to remain on the team, they will need to fill out all the necessary paper work that is required of all BGSU student-athletes.

Injury Reports

Each athletic trainer will establish a method of communicating injuries to their team's coach that is mutually acceptable. Please inform the Director of Sports Medicine of any significant, long-term rehabilitation, or surgical injuries.

End of Season Report

Within three weeks of the end of an official competitive or non-competitive season, the athletic trainer of each team must submit an end of season report to the Director of Sports Medicine. The information contained in this report should include:

1. Athlete's name
2. A list of that athlete's injuries treated during the season
3. Dates when treatment began and ended.
4. Status of the injury (if not resolved, state the plan for resolution of the condition)
5. Indication of whether athlete is completing his final season of eligibility.

It is strongly suggested that upon completion of the season an orthopedic surgeon evaluates any athlete with a questionable condition in order that he may appropriately document the status.

Universal Precautions Procedures

The Occupational Safety and Health Administration (OSHA) has recognized that the athletic training environment has the potential to be hazardous due to blood borne pathogens and the chemicals used as a part of daily activities. There are federal guidelines and athletic training room responsibilities that you need to be aware of. (Also see the Blood borne pathogens policy in the appendix)

OSHA Requirements

OSHA requires that you be offered the opportunity to have the Hepatitis B vaccine series. You are not required to have these shots, but it is strongly recommended that you have the vaccine because of the nature of the work environment and the potential for exposure to bodily fluids.

Another federal requirement is that you have an in-service on a yearly basis that covers universal precautions, providing information about hazardous situations, hazardous chemicals and proper disposal requirements.

A notebook containing all OSHA requirements and regulations is maintained in the athletic training facility. It is to be used as a reference and is available to all personnel. The complete policy is also in the appendices of this manual. You are responsible for the information contained in this policy and following its guidelines.

Labor and Industry

The athletic training room environment can be hazardous. You can come into contact with body fluids, chemicals or be required to lift heavy objects. It is very important that you report all on-the-job accidents or exposures to the Director of Sports Medicine **immediately** after they occur.

Safety Procedures

The most effective way to make the athletic training room environment safe is to pay attention to personal hygiene and cleaning procedures. The following is a summary of ways to help protect against hazards in the athletic training room:

1. **Hand washing:** you should be washing your hands after coming in contact with each student-athlete, or between each student-athlete. Wash hands after taping, taking care of wounds, doing massage, putting towels in the laundry, etc. Wash your hands in warm, soapy water and scrub your hands for a minimum of 2-3 minutes. Do not just rinse your hands and dry. Make sure that any cuts, abrasions or chapping on your hands are protected when working with student-athletes.
2. **Latex glove policy:** you are **REQUIRED** to use latex gloves any time that you **may** come in contact with body fluids. This includes cleaning of blood from uniforms or any blood or body fluid spills. If blood is **present** you **WILL** wear latex gloves!
 - a. Latex gloves are to be changed between each student-athlete and you are to wash your hands after you are finished.
 - b. Gloves must be stocked on counters and in the doctor's office at all times. Wear the appropriate sized gloves.
 - c. Please inform the supervising athletic trainer if you have or develop an allergy to the gloves.
3. If you have come in contact with body fluids through the skin, eyes or mucous membranes you must report this to the Director of Sports Medicine **immediately**.
 - a. The Director of Sports Medicine is aware of the medical system designed to get you proper medical care.
 - b. The expense of medical care is the responsibility of the Department of Intercollegiate Athletics.
4. Utilize other safety measures in the athletic training room.
 - a. This includes proper lifting procedures, keeping floors clean and dry, using the dolly for moving heavy loads, following procedure when driving the Gator, etc.

Disposal and Management of Hazardous Materials

1. Bloody towels and ace wraps are to be put in a red bio-hazardous materials bag and sealed. Do **NOT** put these towels and ace wraps in with the rest of the laundry.
2. Gauze and bandaging materials that are saturated with blood are to be put in the bio-hazardous containers. When these containers are full bring them to the stadium athletic training room for disposal.
3. Blood spills or bloody vomit on the floors and/or countertops are to be cleaned up with 10% bleach solution and/or Sanicide. You can make up a 10% bleach solution or use the pre-made packets in the OSHA cabinet. Sanicide is stored in the whirlpool area or under the sink in the athletic training room. You must have latex gloves on while cleaning up body fluids.
4. Tables, prone pillows, low back supports should be wiped down with cleaner after each use.
5. Whirlpools must be monitored on a regular basis. A staff athletic trainer is responsible for this maintenance.

6. Pads used for all electrical modalities are assigned to each athlete individually. Pads will be cleaned weekly.
7. The container used to heat the mouthpieces must be cleaned out with an abrasive pad and bleach solution at the end of the day. Water should not be stored in it over night. Do not let the student-athletes use the hydro collar to heat their mouthpieces.
8. All scalpels, razors, finger sticks, and needles are to be disposed of in a Sharps container. When the container is 3/4th full, seal the top and bring them to the stadium athletic training room for disposal.
9. All instruments from the doctor's office must be autoclaved if you take an instrument out of the sterile container DO NOT put it back in the sterile container. Place suture removal sets back in the sterilization pouch and in the dirty instrument container. Suture sets should be wrapped back in the sterile dressing and placed on the doctor's office in the stadium athletic training room to be taken to the Health Center for sterilization.
10. Full bio-hazardous containers must be reported to the staff athletic trainer in charge of OSHA compliance and they will take care of the disposal.
11. When bandaging wounds use a sterile procedure to ensure that you are not cross contaminating between the wound and the materials that you are using (Neosporen, etc.).
12. As a reminder, this is a list of disposable equipment and/or one time use only.
 - a. razors
 - b. scalpels
 - c. neosynephrine
 - d. syringes with zinc oxide
 - e. bulk supplies (do not contaminate bulk containers by placing used materials back in them)
 - f. nail clippers (if used they have to be sterilized, they are not to be accessible to student-athletes)

Athletic Training Room Clinical Procedures

As a certified staff member you will also be responsible for the clinical supervision of one or more athletic training students. It is **IMPERATIVE** that you know, understand, and appreciate the unique role that these students play in the delivery of health care to BGSU student athletes. As a result you must be familiar with these specific policies that guide the role of the student. Please also be familiar with the complete BGSU ATEP Policies and Procedures Manual.

There are many procedures that every student in the BGSU ATEP must adhere to. These procedures are in place to assure that the clinical facility is in compliance with Ohio state law, CAAHEP accreditation standards and guidelines, and limits the liability of the athletic department, the university, and those athletic trainers that are supervising your clinical studies. It is vital that staff athletic trainers assure that athletic training students follow these procedures and know their role and responsibility within the clinical setting at BGSU. The program has made it clear that the student has a responsibility to know the limitations to their actions and to know what is appropriate and what is not, but the ultimate responsibility of supervision, health care delivery, and decision-making falls with the certified staff athletic trainer. Below is a detailed description of the role of the athletic training student.

Regulation of Athletic Training

The Athletic Trainers Section of the Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board is the licensing and regulatory authority of athletic trainers who work within the state of Ohio. The board's purpose is to protect public health, safety, and welfare by establishing and enforcing qualifications and standards of practice for licensed athletic trainers. For more information and the complete document of laws and rules governing the practice of athletic training in the state of Ohio please refer to <http://www.state.oh.us/pyt>.

Ohio State Law

Ohio 4755-46-02 Athletic Training Students

(A) A student is an unlicensed person. However, for purposes of the exemption from licensure contained in division (A)(3) of section 4755.65 of the Revised Code, a student need not be licensed if all the following requirements are met. (1) The athletic training education program is an accredited or approved post-secondary program that will lead to a baccalaureate or higher degree in athletic training; (2) The student has not met the requirements to sit for the examination; (3) The activities and services performed by the student constitute a part of an approved course of study in accordance with paragraphs (B) and (C) of this rule; (4) Students are designated by titles which clearly indicate their status as a student. (B) A student shall be supervised by an Ohio licensed athletic trainer. The supervising athletic trainer is responsible for planning, directing, and evaluating the student's athletic training experience. Supervision involves daily visual and audible contact at all sites at which the student provides services. (C) Any documentation written by a student, must be countersigned by the supervising athletic trainer. Documentation shall include the student's signature and must be followed by a title which indicates student status. (D) High school student are not "Students" for the purpose of the exemption from licensure provided by section 4755.65 of the Revised Code and this rule. High school students should be referred to as "student aides." High school student aides are unlicensed persons as defined in rules 4755-46-01. Effective 5/1/09 119.032 Review Date 1/15/15

Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board (2014) *Law and rules regulating the practice of athletic training*, 25.

First Responder

In the absence of a certified athletic trainer the athletic training student may act in the role of a first responder. This means that they are not to make decisions or take action that would normally be made or done by certified athletic trainers that they are not qualified or legally able to make. The student will have radio or phone contact with the supervising athletic trainer. Below are guidelines and responsibilities of the student athletic trainer in the first responder role.

- The student may perform CPR, First Aid, activate the Emergency Plan, and other duties outlined in the appendices in the BGSU SOP that they have been trained in with the limitations outlined in this section.
- Take a thorough medical history and evaluate to the best of your ability before seeking the help of a certified athletic trainer unless you are dealing with a medical emergency.
- Athletic training students do not make decisions regarding a student-athlete's return to play status. Only a certified athletic trainer or physician may take a student-athlete out of practice or a game. If a student-athlete tells you that they can no longer participate the staff athletic trainer must know immediately so that they can notify the coaching staff of the student-athlete's condition. Communication to coaching staff and weight room personnel must also come from the supervising athletic trainer.
- Although an athletic training student may assist with pre-participation physicals, they cannot approve a student-athlete for practice or competition.
 - a. athletic training students cannot release a student-athlete on a pre-participation orthopedic screening exam but may perform an orthopedic exam if a certified athletic trainer is there to supervise
 - b. only a physician can release a student-athlete for competition
- Athletic training students cannot make doctor referrals without permission from a certified athletic trainer.
- Athletic training students cannot discuss a student-athlete's medical status with parents or media.
- Athletic training students are not have contact with prescription medications and must ask a certified athletic trainer before allowing an athlete to take OTC medication (over the counter medication)
- Athletic training students cannot administer over the counter medications unless they are

traveling with a team and have completed the over the counter medications competency. Refer to the appendices for the over the counter medications and BGSU SOP.

- Athletic training students cannot routinely be responsible for opening or closing an athletic training room facility, and are not expected to provide for the daily operations of the athletic training room without direct supervision of a certified athletic trainer.
- Athletic training students cannot develop or implement rehabilitation programs without the authorization from a certified athletic trainer.
- A certified athletic trainer through review of the SOAP note or injury re-evaluation must follow up evaluations completed by an athletic training student.
- The supervising athletic trainer must authorize injury treatment programs developed by an athletic training student.
- Athletic training students are not to perform chiropractic or joint manipulations.
- Athletic training students are not to perform self-treatment within the athletic training facilities unless they are participating in lab exercises as a class assignment.

Modality Treatments

Only the team physician and/or certified athletic trainer will prescribe treatments. All students must check with a staff athletic trainer when setting up a treatment program for a student-athlete. All treatment and rehabilitation plans must be reviewed and co-signed by a certified staff athletic trainer. Treatment programs should be implemented only after an injury evaluation has taken place. If students have any questions regarding the use of a modality they are to ask immediately. Student-athletes will not prescribe nor administer their own treatments.

It is your responsibility to have an understanding of the procedures for administration of treatment as well as an understanding of the purpose for the treatment. It is important that you know the proper operation of all modalities, indications, contraindications, and desired effects of all modalities and treatments. Please assure that incoming athletic training students have their modality checklist completed and approved by a certified athletic trainer before being allowed to do treatments.

Record Keeping

Record keeping is of vital importance in the athletic training room. The athletic training room has a variety of forms that will be utilized at any given time. A general rule is that if you do something, direct an athlete to do something, set an appointment, etc. some form of paper work must be completed, written or electronic. This "paper trail" serves a purpose to document injury nature, progression, insurance billing, and liability. It also serves as a means of facilitating athletic training room communication. All paperwork and forms that can be found in the BGSU Athletic Training Rooms are included in the appendices. Please be familiar with all forms and know when, why, and how they are to be utilized. If athletic training students complete any paperwork it must be co-signed by a certified staff athletic trainer.

Treatment records are an essential part of the athletic training room function. The only way to determine if a student-athlete has been getting consistent treatment is to check his/her treatment log, rehabilitation file, or SOAP note. Therefore rehabilitation and treatment notes must be recorded daily. This documentation would also be used in the event of any litigation. Treatment records provide information about the student-athlete's past injury and treatment history so that proper treatment can be administered in the future.

All rehabilitation that occurs in the athletic training room must have a paper (electronic) trail; both for liability reasons and to track progress. Documentation allows several athletic trainers to be involved with a rehabilitation project.

Equipment, Braces, Taping, and Protective Strapping

The athletic trainer can provide a student athlete with a brace or other device necessary for participation in their sport during the school year. In order to obtain a custom-made brace, the athlete must have approval by the team physician. In general, if an athlete is going to need a custom brace encourage the physician to prescribe it early in the post-surgical phase so that it may be deemed a rehabilitation brace. Insurance companies are more inclined to reimburse for a brace that is for rehabilitation purposes rather than one used for prophylactic use.

Ankle braces will be provided for any athlete who requests one or is required to wear one by the physician or athletic trainer for prophylactic reasons.

Neoprene sleeves, back sleeves and other over the counter items will be provided as needed. Please keep a record of items out to athletes. If the item is no longer needed please have it returned and if it can be used again place it back in storage.

Items and equipment such as crutches that can be reused need to be returned by the student athlete. If an athlete does not return the item, please let the Director of Sports Medicine know so that we can charge their account for the cost of the item.

Taping, bracing, and protective padding application are the most basic skills of any athletic trainer. Even though these are basic skills, if done incorrectly they are ineffective and can result in injury. Before any student athletic trainer begins taping they must be cleared by a staff athletic trainer. This is to ensure that student-athletes receive proper care and attention. The only way for our athletic training students to improve taping skills is to practice. Allow practice with peers when it is a "slow time" in the athletic training room.

Contact Lenses and Glasses

The NCAA allows for the purchase of vision wear required for athletic participation during the competitive season. This policy does not allow for the purchase of eyeglasses unless the athlete is unable to wear contact lenses. If an athlete requests glasses in addition to their contacts for purposes other than athletics, he or she can purchase them on their own. We will only pay for the replacement or repair of damaged eyewear/contact lenses as a result of athletic participation. If students are on a Pell Grant they may qualify for special assistance that will reimburse for the cost of an eye exam and eyewear including glasses and contact lenses. Please contact the assistant athletic director of compliance to determine if a student athlete would qualify. Assist the athlete in making an appointment with our optometrist, complete the special assistance paperwork located in the main file cabinet, send athlete with a referral form, turn all bills and complete paper work into the assistant athletic director of compliance so that the bills can be paid. All glass frame expenses will be capped at \$140. If student athletes wish to purchase a more expensive frame, they will pay the difference.

Emergency Action Plan (EAP)

The BGSU athletic training department has specific emergency policies and protocols that are to be implemented in the event of any emergency specific to each venue/practice site/facility. It is the responsibility of all staff and students to know these policies and how to implement the emergency action plan when necessary. It is important that staff and students utilize the necessary judgment and understand the difference between an urgent and an emergent situation. If students are without direct athletic training supervision and an emergency situation occurs, they are responsible for stabilizing the student-athlete and implementing the specific emergency action plan outlined in the appendices. The general BGSU Athletic Training Room Policy for team coverage is as follows:

1. Emergency medical procedures:
 - a) all athletic training staff and students must be trained yearly in proper CPR/AED procedures
 - b) emergency procedure training and seminars will also be conducted
 - c) emergency equipment is on the court or field for all practices and events and must be checked yearly for condition of equipment and inventory

- d) all personnel (athletic training students, equipment managers, and coaches) are aware of where the nearest phone is located
- e) all personnel can identify their location and provide directions for the EMS personnel
- f) it is the responsibility of the athletic training student to be aware of each specific EMS plan of action for their particular sport and what their responsibility will be in event of an emergency

2. Additional items

- a) be attentive at practice and events so that in the event of an injury, you will have some idea of what happened
- b) be aware of situations or things that may predispose a student-athlete to injury, for example never leave a water jug unattended
- c) Be aware of conditions that may suggest that a student-athlete should not participate, for example heat and humidity, illness, lightning, dehydration, etc.
- d) Emergencies occur when they are least expected! Be prepared for the worst-case scenario.
- e) Notify appropriate personnel in the event of an emergency situation

V.



Bowling Green State University Athletic Training Standard Operating Procedures

This document has been edited by BGSU Team Physicians and the Director of Sports Medicine.
Adapted for the sole use of the BGSU Athletic Training program from: Prentice, W. E. (2013).
Principals of athletic training; Fifteenth edition. St. Louis, MS: Brown & Benchmark Publishing.

Standard operating procedures for the use of over-the-counter drugs for athletic trainers

The following standard operating procedures should be viewed as guidelines to the disposition of the athlete. The procedures listed below are aimed at clarifying the use of over-the-counter drugs in the treatment of common problems encountered by the athletic trainer while covering or traveling with a particular team. These guidelines do not cover every situation the athletic trainer encounters in assessing and managing the athlete's physical problems. Therefore physician consultation is recommended wherever there is uncertainty in making a decision regarding the appropriate care of the athlete.

Existing Illness or Injury	Appropriate Treatment Standard Operating Procedure
-----------------------------------	---

Temperature

Greater than or equal to 102° F orally	Consult physician ASAP, refer to Emergency Room.
--	--

Less than 102° F but more than 99.5° F	Patient may be given acetaminophen. See the section on acetaminophen administration later in this box. Limit exercise of athlete. Consult physician if deemed necessary.
--	---

Less than or equal to 99.5° F orally	Participation allowed.
--------------------------------------	------------------------

Throat

History of Sore throat No fever No chills	Advise saline gargles (1/2 tsp. salt in a glass of warm water). Patient may also be given Cepastat/Chloraseptic throat lozenges.
---	---

Sore throat, fever	Determine temperature. If fever is present, manage as outlined in temperature protocol and consult physician, manage sore throat as above.
--------------------	--

Sore throat, fever, and /or swollen glands	Consult physician.
--	--------------------

Nose

Watery discharge	Patient may be given cold relief medication.
------------------	--

Nasal congestion	Patient may be given oxymetazoline HCl (Afrin) nasal spray. See oxymetazoline administration protocol. Do not use for more than 3 days.
------------------	---

Chest

Cough that is
Dry hacking or
Clear mucoid
sputum

Patient may be administered Robitussin DM (generic guaifenesin with dextromethorphan). If indicated, administer one dose, (2 tsp/10 mL.). Inform the patient that drowsiness may occur. Repeat doses may be administered every, 6 hours. Push clear fluids, encourage athlete to drink as much liquid as possible.

Green or rusty
sputum

Consult physician.

Severe, persistent
cough

Consult physician.

Ears

Discomfort, ears
popping or congested

Patient may be given cold relief tablets or oxymetazoline HCl (Afrin) nasal spray. See oxymetazoline protocol.

Earache (or external
otitis)

Patient may be given acetaminophen. Consult physician.
See acetaminophen administration protocol.

Recurrent earache

Consult physician.

Prevention of motion sickness

Complaint: history of
nausea, dizziness, or
vomiting associated

Patient may be given dimenhydrinate (Dramamine) or diphenhydramine (Benadryl). Before administering determine the following:
Is the patient sensitive or allergic to Dramamine, Benadryl, or any other antihistamine? If yes, do not administer. Has the patient taken any other antihistamines (e.g., Actifed, Chlor-Trimeton, various cold medications, allergy medications) or other medications that cause sedation within the last 6 hours? If yes, do not administer.
Question the patient for asthma, glaucoma, or enlargement of the prostate gland? If yes, do not administer.
Is the patient going to be involved in practice or game within 4 hours after administration of medication? If yes, do not administer. Administer Dramamine or Benadryl dose based on body weight, 30 to 60 minutes before departure time. Dramamine: under 125 lb., one 50 mg tablet; over 125 lb., two 50 mg tablets. Benadryl: under 125 lb., one 25 mg capsule; over 125 lb., two 25 mg capsules. Inform the patient that drowsiness may occur for 4-6 hours after taking these medications. Avoid alcoholic beverages. Avoid driving for 6 hours after taking. If traveling time is extended, another dose may be administered 6 hours after the first dose.

Nausea, vomiting

Prolonged, severe Consult physician.

Nausea, gastric upset, heartburn, butterflies in the stomach

Associated with dietary indiscretion or tension Administer an antacid as a single dose, as defined by label of particular antacid (e.g., Riopan, Gelusil, Maalox, Pepto Bismol, Titralac).

Associated with abdominal or chest pain Consult physician ASAP.

Vomiting, nausea not severe distress Monitor symptoms. Patient may be given dimenhydrinate (Dramamine) or diphenhydramine (Benadryl) orally. Same as instructions and precautions under motion sickness prevention.

Vomiting: projectile, coffee ground, febrile Consult physician ASAP.

Diarrhea

Associated with abdominal pain or tenderness, dehydration, bloody stools, febrile, or recurrent diarrhea Consult physician ASAP.

Frequent loose stools in the absence of the above signs or symptoms. Encourage clear liquid diet. If diarrhea persists consult physician. Before administering determine the following: How long has patient had diarrhea? If longer than 24 hours, see physician. Is patient taking any digitalis medication (e.g., digoxin, lanoxin, Lanoxicaps)? If yes, see physician. **OR:** Administer one dose (2 caplets) of loperamide (Imodium A-D 2 mg per caplet). One caplet may be administered after each loose stool not to exceed 8 mg (4 caplets) per 24 hours. Inform the patient that dizziness or drowsiness may occur within 12 hours after taking this medication. Avoid alcoholic beverages. Use caution while driving or performing tasks requiring alertness.

Constipation

Prolonged or severe abdominal pain or tenderness, nausea, or vomiting Consult physician.

Discomfort associated with dietary change or decreased fluid intake. Patient may be administered milk of magnesia 30 ml as a single dose. Before administering determine the following: Does the patient have chronic renal disease? If yes, do not administer. Recommend increased fluid intake, increased intake of fruits, bulk vegetables, or cereals

Headache

Pain associated with elevated blood pressure, temperature elevation, blurred vision, nausea, vomiting, or history of migraine.

Consult physician.

Pain across forehead Patient may be given acetaminophen. See acetaminophen administration protocol.

Tension headache, occipital pain Patient may be given acetaminophen. See acetaminophen administration protocol.

Pain in antrum or forehead associated with sinus or nasal congestion. Patient may be given cold relief tablets and acetaminophen. See protocols for acetaminophen administration.

Musculoskeletal injuries

Deformity Consult physician ASAP.

Localized pain and tenderness, impaired range of motion First aid to body part as soon as possible:
Ice, Compression-Ace bandage, Elevation, Protection-crutches, sling, or sling.

Pain with swelling, discoloration, no impaired movement or localized tenderness If injury interferes with patient's normal activities, consult physician.
Patient may be given acetaminophen. See acetaminophen administration protocol.

Skin

Localized or generalized rash accompanied by elevated temperature, enlarged lymph nodes, sore throat, stiff neck, infected skin, lesion, dyspnea, wheezing

Mild, localized, nonve-sicular skin eruptions accompanied by pruritis

Hydrocortisone 0.5% cream may be applied. Before administering determine the following: Is the patient taking any medication? If yes, do not administer. Refer to physician. Are eyes or any large area of the body involved? If yes, do not administer. Refer to physician. Is there any evidence of lice infestation? If yes, do not administer. Refer to physician. The cream may be repeated every 6 hours if needed. Do not use more than 3 times daily.

Abrasions

Control bleeding. Clean with antibacterial soap and water. Apply appropriate dressing and antibiotic ointment. Monitor for signs of infection. Dressing may be changed 2-3 times a day if needed.

Localized erythema caused by ultraviolet rays

Advise application of compresses soaked in a solution of cold water.

Jock itch or athlete's foot

Advise 10- 15 minute application of compresses soaked in cool water to relieve intense itching. Patient may be given miconazole (Micatin) cream topically. Before administering determine the following: Is the patient sensitive or allergic to miconazole? If yes, do not administer. Consult physician ASAP. Is the patient receiving other types of treatment for rash in same area? If yes, do not administer. Instruct patient to wash and dry area of rash and then apply 1/4-1/2 inch ribbon of cream (give patient the cream on a clean gauze pad) and rub gently on the infected area. Spread evenly and thinly over rash. The dose may be repeated in 8-12 hours (twice a day). Consult physician if the case is severe, or there is no response to treatment.

Skin wounds

Lacerations

Control bleeding. Cleanse area with antibacterial soap and water. Apply sterile strips. Consult physician immediately if there is any question about the necessity for suturing.

Extensive lacerations or other severe skin wounds

Control bleeding. Protect area with dressing. Refer to physician immediately.

Wound infection

Febrile, marked
cellulites, red streaks,
tender or enlarged
nodes

Consult physician ASAP.

Localized inflamma-
tion, afebrile, absence
of nodes and streaks

Warm soaks to affected area. Consult physician ASAP.

Burns
Grade I-

Apply cold compresses to affected area. Dressing is not necessary on
grade I erythema of skin, burns. If less?

Allergies

Athlete with known
seasonal allergies
who forgot to bring
medication

Patient may be given chlorpheiramine (Chlor-Trimeton) 4 mg tablets.
Before administering determine the following: Is the patient sensitive to
chlorpheniramine? If yes, do not administer. Consult physician ASAP.
Does the patient have asthma, urinary retention, or glauconia? If yes, do
not administer. Consult physician ASAP. Is patient going to be involved
in training or game within 4 hours of administration of medication? If yes,
do not administer. Consult physician ASAP. Has the patient taken any
other antihistamines (e.g., Actifed, Dramamine, various cold
medications) or other medications that cause drowsiness within the last 6
hours? If yes, do not administer. Consult physician ASAP. Patient may
be administered one dose of chlorpheniramine 4 mg, 1/2 or 1 tablet.
Repeat doses may be administered every 4 hours. Inform the patient
that drowsiness may occur for 4-6 hours after taking this medication.
Avoid alcoholic beverages. Avoid driving or operation of machinery for 6
hours after taking. Contact physician if symptoms do not abate.

Contact lens care

- There are three types of contact lenses: **Hard, Gas permeable, Soft**
- Solutions are labeled for use with a **particular** type of lens and should not be used for any
other type of lens.
- Do not use solutions preserved with thimersol or chlorhexidine because of possible allergy or
irritation.

Lens needs rinsing/
wetting before
insertion

Hard lens: use all-purpose wetting/soaking solution (e.g., Wet-N-Soak).
Gas-permeable lens: use all-purpose wetting/soaking solution (e.g., Wet-
N-Soak). Soft lens: use rinsing/soaking Solution (e.g., Soft Mate ps).

Lens needs soaking/
storage

Hard lens: use all-purpose wetting/soaking solution (e.g., Wet-N-Soak).
Gas-permeable lens: use all-purpose wetting/soaking solution (e.g., Wet
N-Soak). Soft lens: use rinsing/soaking solution (e.g., Soft Mate ps).

Lens needs cleaning

Hard lens: use cleaning solution (e.g., EasyClean). Gas-permeable lens:
use cleaning solution (e.g., EasyClean). Soft lens: use cleaning solution
(e.g., Lens Plus Daily Cleaner).

Eye care

Foreign body-minor: Use eye wash irrigation solution (Dacriose).
sand, eyelash, etc.

Irritation-minor Use artificial tears. Do not use with Contact lens in eye.

Severe irritation,
foreign body not easily
removed, trauma,
constricted pupil,
hyphema, blurred
vision, abrasion,
sensitivity to light
Consult physician ASAP.

Acetaminophen protocol (Tylenol)

Before *administering* determine the following:

- Is the patient allergic to acetaminophen? If yes, do not give acetaminophen. *Administer* acetaminophen 325 mg, two tablets. Repeat doses may be *administered* every 6 hours if needed.

Ibuprofen (Advil) or naproxen sodium (Aleve) protocol

Before *administering* determine the following:

- Is the patient allergic to aspirin (e.g., asthma, swelling, shock, or hives associated with aspirin use)? If yes, do not give ibuprofen or naproxen sodium because even though they contain no aspirin or salicylates, cross-reactions may occur in patients allergic to aspirin.
- Does the patient have renal disease or gastrointestinal ulcerations? If yes, do not administer ibuprofen or naproxen sodium.
- *Administer* one to two tablets of 200mg ibuprofen (Advil) or one 200mg tablet of naproxen sodium (Aleve). Repeat doses may be *administered* every 4 to 6 hours if needed. Do not exceed 6 tablets of ibuprofen in a 24-hour period without consulting physician. Do not exceed 3 pills of naproxen sodium in a 24-hour period.
- The patient should take ibuprofen with food if occasional and mild heartburn, upset stomach, or mild stomach pain occurs. Consult physician if these symptoms are more than mild or persist.

Oxymetazoline protocol (Afrin)

Before *administering* determine the following:

- Is the patient allergic or sensitive to Afrin or Otrivin? If yes, do not administer.
- Does the patient react unusually to nose sprays or drops? If yes, do not administer.
- *Administer* 2-3 sprays of oxymetazoline (Afrin) 0.05% nasal spray into each nostril. Repeat doses may be administered every 12 hours. (The container can be marked with the patient's name and maintained by the athletic trainer for repeat *administration*, or it can be *dispensed* to the patient. Patient instructions must accompany *dispensing*.)
- Do not use the same container for different patients.
- Do not use for more than 3 days without physician supervision.
- Use small package sizes to reduce risk of overuse or rebound congestion.

The information in this document is based on the most up-to-date research and suggestions made by individuals in the field of athletic training. The authors and publisher disclaim any responsibility for any adverse facts or consequences from the misapplication or injudicious use of information within this document. It is also accepted as judicious that the athletic trainer performing his or her duties is, at all times, working under the guidance of a licensed physician.

Pharmaceutical Classifications

Analgesics (anodynes)	Pain-relieving drugs
Anesthetics	Agents that produce local or general numbness to touch, pain, or stimulation
Antacids	Substances that neutralize acidity: commonly used in the digestive tract
Anticoagulants	Agents that prevent coagulation of blood
Antidotes	Substances that prevent or counteract the action of a poison
Antipruritics	Agents that relieve itching
Antiseptics	Agents that kill bacteria or inhibit their growth and can be applied to living tissue
Antispasmodics	Agents that relieve muscle spasm
Antitussives	Agents that inhibit or prevent coughing
Astringents	Agents that cause contraction or puckering action
Bacteriostatics and fungistatics	Agents that retard or inhibit the growth of bacteria or fungi
Carminatives	Agents that relieve flatulence (caused by gases) in the intestinal tract
Cathartics	Agents used to evacuate substances from the bowels; active purgatives
Caustics	Burning agents, capable of destroying living tissue
Counterirritants	Agents applied locally to produce an inflammatory reaction for the relief of a deeper inflammation
Depressants	Agents that diminish body functions or nerve activity
Disinfectants	Agents that kill or inhibit the growth of microorganisms; should be applied only to nonliving materials
Diuretics	Agents that increase the secretion of urine
Emetics	Agents that cause vomiting
Expectorants	Agents that suppress coughing
Hemostatics	Substances that either slow down or stop bleeding or hemorrhage
Irritants	Agents that cause irritation
Narcotics	Drugs that produce analgesic and hypnotic effects
Sedatives	Agents that relieve anxiety
Skeletal muscle relaxants	Drugs that depress neural activity within skeletal muscles
Stimulants	Agents that excite the central nervous system
Vasoconstrictors and vasodilators	Drugs that, respectively, constrict or dilate blood vessels

Over-the-counter drugs

Drug	Recommended Dosage	Max. Daily Dosage (mg)
Aspirin	325-650 mg every 4 hours	4000
Advil	200-400 mg 3 times a day	1200
Aleve	200 mg 2-3 times a day	600
Pseudoephedrine	30 mg every 4-6 hours	120
Acetaminophen	500-1000 mg every 4-6 hours	4000
Ibuprofen	400-800 mg 3-4 times a day	3200

Prescription drugs

<u>Drug</u>	<u>Recommended Dosage</u>	<u>Max. Daily Dosage (mg)</u>
Voltaren	50-75 mg twice a day	200
Dolobid	500-1000 mg followed by 250-300 mg 2-3 times a day	1500
Nalfon	400-800 mg 3-4 times a day	3200
Motrin, Rufen	400-800 mg 3-4 times a day	3200
Indocin	75-150 mg a day in 3-4 divided doses	200
Orudis	75 mg 3 times a day or 50 mg 4 times a day	300
Ponstel	500 mg followed by 250 mg every 6 hours	1000
Naprosyn	500 mg followed by 250 mg every 6-8 hours	1250
Anaprox	550 mg followed by 275-550 mg 3 times a day	1650
Feldene	20 mg a day	20
Chnoral	200 mg twice a day	400
Tolectin	400 mg 3-4 times a day	1800
Ansaid	50-100 mg 2-3 times a day	300
Toradol	10 mg every 4-6 hours for pain	40
Lodine	400 mg 2-3 times a day	1200
Cellebex	200 mg once a day	400
Bextra	10 mg once a day	20 for 4 days
Vioxx	25 mg once a day	50 for 4 days

BOWLING GREEN STATE UNIVERSITY
STANDARD OPERATING PROCEDURES
STANDARDS OF CARE

The following standards of care have been established for management of possible conditions that may be encountered by the student athletic trainer and/or the certified staff athletic trainer during the performance of their duties and responsibilities in the clinical education program at Bowling Green State University. These standards are to serve as a **guideline** for the management of conditions and are not all-inclusive. When situations arise, it may be necessary to deviate from these exemplified standards of care. There is no substitute for the utilization of common sense and sound judgment in dealing with any situation.

INJURY MANAGEMENT EVALUATION PROTOCOL

I. CHECK VITAL SIGNS

(Primary Survey)

Status/Consciousness

Airway

Breathing

Circulation/Pulse

Detect and Manage Immediate Life Threatening Conditions

Provide Basic Life Support

Activate E.M.S. System

II. DETERMINE SEVERITY OF INJURY/CONDITION

(Secondary Survey)

History/Inspection/Palpation/Functional Tests

Monitor Status and Vital signs

III. STABILIZE ATHLETE AND/OR INJURY

Follow Appropriate First Aid Procedures

Monitor Status and Vital Signs

Treat for Shock

IV. COLLECT AND RECORD INFORMATION

Injury Report Form (SOAP Note)

V. NOTIFY SUPERVISOR OF SITUATION

Report On Current Status

Transport or Refer as Advised

Program Policy:

All certified athletic trainers and student athletic trainers must maintain current CPR certification. CPR certification will be verified by the Director of Sports Medicine on an annual basis. Students not having current CPR will not be assigned to cover an athletic team as a first responder until proper certification is obtained.

LEVELS OF REHABILITATIVE CARE

REHABILITATION

- Level 1** *REFERRAL*
EMERGENCY CARE:
That care given immediately after trauma to support life and maintain the integrity of the injured part.
- Level 2** SWELLING CONTROL:
That time from initial swelling of the injured part to stabilization of swelling of the injured part.
- Level 3** MODALITY AND EXERCISE TRANSITION:
The time of continued reduction of swelling and initial mobilization of the injured part.
- Level 4** STRENGTH AND RANGE OF MOTION TRAINING:
The time when swelling of the injured part is controlled and rehabilitation exercise techniques are used to return the patient to normal strength and range of motion function.
- Level 5** FUNCTIONAL ACTIVITIES:
The time when the injury is fully stabilized and muscle strength and range of motion levels are sufficient to allow normal daily activities and low level activity.
- Level 6** COMPETITIVE STRENGTH AND SKILL TRAINING:
The conditioning of a well individual from daily activities and low level activity to competitive or high level function.

RECONDITIONING

- P*R*N*
- I. MAINTENANCE ACTIVITIES:
The goal throughout rehabilitation is to maintain an acceptable level of overall physical fitness. The type and extent of maintenance training will be determined by the status of the individual during rehabilitation levels.
- II. ADVANCED FITNESS TRAINING:
The conditioning of a well individual to achieve even higher levels of physical ability.

THERAPEUTIC MODALITIES

The athletic training staff has the following therapeutic modalities available for the treatment of injuries sustained by clients, who are permitted to utilize the facility for care and/or rehabilitation. The athletic training staff is responsible for the knowledge and understanding of physiological effects, indications, contraindications and the safe operation of each modality. The operation/owner's manual for all electric modalities is available to the staff for study. It is the responsibility of the facility coordinator to ensure the proper calibration of each electric modality. It is the responsibility of all certified staff members to ensure safe use of all modalities by students observing or working in the facility.

A. **Infrared**

1. Cold
 - a. Ice pack
 - b. Ice massage
 - c. Ice slush
2. Hydrocollator (hot) pack
3. Whirlpools
 - a. Hot
 - b. Cold
 - c. Contrast
4. Paraffin bath
5. Fluorimethane spray

B. **Electrical**

1. Ultrasound
2. T.E.N.S., per standing orders
3. Electric Muscle Stimulators

C. **Miscellaneous**

1. CRYOPress intermittent compression unit
2. Special Techniques

ADMINISTRATIVE GUIDELINES

Infection Control Policy

Environmental Control / Biohazard Waste Policy

INFECTION CONTROL POLICY

(This is in addition to the general Exposure Control Plan)

I. Exposure Category

Category I. Tasks that involve possible/potential exposure to blood, body fluids, or tissue.

Category II. Tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks.

Category III. The normal work routine involves no exposure to blood, body fluids, or tissues, but exposure or potential exposure may be required as a condition of employment.

Appropriate protective measures should be readily available to every employee in Performing all category tasks.

II. Identification of Risk Tasks

- A. Injury/Illness Management
 - CPR
 - Mouth-to-mouth resuscitation
 - Management of open wounds
 - Blister care
 - Management of compound fractures
 - Suture removal
 - Assisting physician with suturing, aspiration of joint effusion, cauliflower ear aspiration or other medical procedures.
- B. Environmental Management
 - Soiled laundry
 - Cleaning surfaces
 - Disposing biohazard materials

III. Universal Precautions

Per Centers for Disease Control recommendations/OSHA Blood borne Pathogen Standard

Occupational Exposure to Blood-borne Infectious Agents

These precautions represent prudent practices that apply to preventing transmission of AIDS virus (HIV), Hepatitis B (HBV) and other blood borne pathogens and should be used routinely. Compliance to the OSHA Blood borne Pathogen Standard may be required.

1. When the possibility of exposure to blood or other fluids exists, appropriate barrier precautions to prevent skin and mucous membrane exposure must be followed.

VINYL OR LATEX GLOVES must be worn for touching blood and body fluids, mucous membranes or non-intact skin of all patients, and for handling items or surfaces soiled with blood or body fluids. Gloves should be changed after contact with each patient and disposed of in a proper waste container.
2. Hands and other skin surfaces should be washed immediately and thoroughly with soap and water if contaminated with blood or other body fluids. Hands should be washed immediately after gloves are removed.
3. Sharp items should be considered as potentially infective and be handled with extraordinary care to prevent accidental injuries. After they are used, syringes, needles, scalpel blades and other sharp items should be placed in a puncture resistant container for disposal. The puncture-resistant container (Sharp's Box) should be located as close as practical to the use area. Needles or blades should not be purposefully bent, broken, removed or otherwise manipulated by hand.
4. Although saliva has not been implicated in HIV transmission, to minimize the need for emergency mouth-to-mouth resuscitation, mouthpieces, resuscitation bags or other ventilation devices should be available for use in which the need for resuscitation is predictable.
5. Staff who has exudative lesions or weeping dermatitis should refrain from all direct patient care and from handling patient care equipment until the condition resolves.
6. Pregnant staff should be especially familiar with the precautions to minimize the possible transmission of infectious pathogens to the fetus.

IV. Return to Athletic Activity

Per World Health Organization and International Federation of Sports Medicine Recommendations

1. Skin Lesion
Cleanse with suitable antiseptic and securely cover.
2. Wound
Interrupt participation if bleeding, stop bleeding. Cleanse with suitable antiseptic and securely cover or occlude.

ENVIRONMENTAL CONTROL BIOHAZARDOUS WASTE

I. Collection

Gloves, Gauze, Human Tissue, etc.

Each facility is to contain a covered waste container, which is to be lined with a biohazard trash bag. Materials, which have become contaminated with blood, exudates, secretions, body fluid wastes or other infectious agents are to be placed in these covered containers. Grossly soaked towels will be discarded in a biohazard bag.

Laundry

Towels, which have been used and have moderate blood or body fluid contaminations, may be placed in the normal laundry bag. If there is any sign of blood or waste material on the laundry bag, gloves will be worn to take the laundry to the specified area for laundering.

Sharps

A puncture-resistant container will be located in each facility. All scalpels and sharp objects contaminated with blood, exudates, body fluids or other infectious agents will be discarded in the Sharp's box.

Tables, Counter Tops

All table and counter top surfaces will be cleaned with an appropriate chemical germicide.

II. Disposal

A certified member of the athletic training staff is responsible for containers, sealing bags securely and transporting bags to a common collection site. Whenever the Sharp's containers are full, the container is removed and deposited at a common site. Final disposal of all Biohazard waste must be in accordance with local, state and federal regulations.

Blood Borne Pathogens Exposure Control Plan

**Athletic Department Athletic Training Room
Bowling Green State University**

Policy Statement

"It is Bowling Green State University's policy to comply with the occupational safety and health standards of the Ohio Public Employee Risk Reduction Act and all applicable federal, State, and local rules, regulations, and directives."

Approved October 7, 1994
Board of Trustees

Forward

In 1993, the Ohio legislature passed the Public Employees Risk Reduction Act (4167.07 ORC). This legislation and the subsequent rules (4101:17-3-01 OAC) mandated that all Ohio public employers comply with all provisions of the Occupational Safety and Health Act of 1970 (29 CFR 1910.1200). This includes the Blood borne Pathogens Standard outlined in 1910.1030. The Athletic Department Athletic Training Room at Bowling Green State University is committed to complying with this standard and accordingly provides the following Exposure Control Plan for Blood borne Pathogens.

Exposure Determination

The Athletic Department Athletic Training Room has classified its employees based on the potential for exposure to blood borne pathogens. Activities associated with compliance to the Blood borne Pathogen Standard will be based upon exposure potentials described under the following categories:

- Category 1 -** Employees who, through the course of their required activities, are reasonably expected to come into contact with blood on a regular basis
- Category 2 -** Employees who may periodically or infrequently come into contact with blood or blood products during the performance of their required activities

The following employee work classifications in the Athletic Department Athletic Training Room were determined to meet the given criteria is listed below:

Job Classification:

Director of Sports Medicine, Assistant Athletic Trainer/s, and Graduate Assistant Athletic Trainer/s will be classified as category 1 employees.

All student athletic trainers, observational students, and others that are in the athletic training room will be classified as category 2 employees.

Pre-exposure Vaccination

All Category 1 employees identified in Athletic Department Athletic Training Room shall be offered Hepatitis B vaccine on a pre-exposure basis. Such vaccinations shall be provided at no cost to the employee. Employees that fall under this classification will proceed to the Health Service Center to begin the vaccination series or will sign the waiver to decline the vaccination.

All Category 2 employees identified in the Athletic Department Athletic Training Room will be required to have proof of Hepatitis B vaccination on a pre-exposure basis before being allowed to perform duties of their clinical internship. This pre-exposure vaccination will be obtained at their own cost.

Should any Category 1 employee in Athletic Department Athletic Training Room decline the pre-exposure vaccine, he/she will be asked to sign a waiver of vaccination. This waiver shall be obtained from the Department of Environmental Health and Safety and shall be signed by the employee refusing the vaccine. The waiver shall be kept in the employee's personnel file. One copy of the signed waiver will be given to the employee and another copy will be sent to the Department of Environmental Health and Safety.

An employee who has declined vaccination may reconsider this decision and choose to be vaccinated. To initiate the vaccination process, the employee must make arrangements with the Director of Sports Medicine.

All records of pre-exposure vaccinations, waivers of vaccination, etc. shall be maintained by the Director of Sports Medicine in conjunction with other records as specified in a later section.

Methods of Control

Universal precautions will be observed in the Athletic Department Athletic Training Room in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure to employees. Where occupational exposure remains after implementation of these controls, personal protective equipment shall also be utilized. Engineering controls (sharps containers) are located in each training room and doctors exam room. Reusable sharp items (callous shavers, nail clippers, etc.) will be disinfected with soap and water cleaning and alcohol. Other instruments (scissors, tweezers, hemostats, suture removal instruments) will be placed in the stainless steel trays after use or back in the sterilization bag identified as athletic training room to be taken to the Health Center for proper sterilization before reuse.

The above controls will be examined and maintained by checking weekly and taken to the Health Center as needed. A schedule for reviewing the effectiveness of the controls will be made by the Director of Sports Medicine or assistant athletic trainer in each facility on a monthly basis.

Hand washing facilities are considered workplace controls and are available to the employees to insure exposure to blood or other potentially infectious materials is minimized. OSHA requires that these facilities be readily accessible after incurring exposure. Hand washing facilities are located in each athletic training room. Hand washing will be done after utilizing universal precautions in the appropriate and prescribed manner using soap and warm water for at least 3 minutes in duration. In the event that an employee is on the practice field away from hand washing facilities waterless hand sanitizing solution is available and should be utilized until proper hand washing as described above can be completed.

After removal of personal protective gloves, employees shall wash hands and any other potentially contaminated skin area immediately or as soon as feasible with soap and water.

If employees incur exposure to their skin or mucous membranes then those areas shall be washed or flushed with water as appropriate or as soon as feasible following contact. Procedures for reporting exposure incidents will be provided in an upcoming section.

Needles, Syringes

Contaminated needles and other contaminated sharps from any university departments/areas will not be bent, recapped, removed, sheared or purposely broken. All contaminated needles/sharps will be placed in approved sharps containers provided by the Athletic Department Athletic Training Room and present where needles and syringes are used. Procedures for the disposal of sharps containers will follow BGSU's Infectious Waste Management Program.

Containers for Reusable Sharps

Contaminated sharps that are reusable are to be placed immediately, or as soon as possible, after use into appropriate sharps containers. All sharps containers shall be puncture resistant, labeled with a biohazard label, and are leak proof. Sharps containers will be placed in each athletic training room and doctors exam room.

Work Area Restrictions

In work areas where there is a reasonable likelihood of exposure to blood or other potentially infectious materials, employees are not to eat, drink, apply cosmetics or lip balm, smoke, or handle contact lenses.

Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.

Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited.

All procedures will be conducted in a manner which will minimize splashing, spraying, splattering, and generation of droplets of blood or other potentially infectious materials.

Specimens

Departments/areas using specimens of blood or other potentially infectious materials will place them in containers which prevent leakage during the collection, handling, processing, storage, and transport of the specimens.

Any container used for this purpose will be labeled or color coded in accordance with the requirements of the OSHA standard.

Any specimens which could puncture a primary container will be placed within a secondary container which is puncture resistant.

If outside contamination of the primary container occurs, the primary container shall be placed within a secondary container which prevents leakage during the handling, processing, storage, transport, or shipping of the specimen.

Contaminated Equipment

Equipment which has become contaminated with blood or other potentially infectious materials shall be examined by the supervising athletic trainer prior to servicing or shipping. Contaminated equipment shall be disposed of in accordance with BGSU's Infectious Waste Management Program.

Personal Protective Equipment

All personal protective equipment used in the Athletic Department Athletic Training Room will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees' clothing, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Protective clothing will be provided to employees in conjunction with BGSU's Personal Protective Equipment Policy.

All personal protective equipment will be properly managed by the Athletic Department Athletic Training Room at no cost to employees. All repairs and replacement will be made by the Athletic Department Athletic Training Room at no cost to employees.

All garments that are penetrated by blood shall be removed immediately or as soon as feasible. All personal protective equipment will be removed prior to leaving the work area. All personal protective equipment removed will be placed and disposed of in accordance with BGSU's Infectious Waste Management Program.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood or other potentially infectious materials, or if non-intact skin is present. Gloves will be available in each athletic training room facility.

Disposable gloves *will* not be washed or decontaminated for re-use and are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.

Masks in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are required to be worn whenever splashes spray splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated.

Lab coats, gowns, aprons, clinic jackets, or similar outer garments will not be worn.

Departments/areas will be cleaned and decontaminated utilizing a sterilization solution and following appropriate guidelines for personal protection and disposition of contaminated material.

Decontamination of surfaces will be accomplished by utilizing a sterilization solution and following appropriate guidelines for personal protection and disposition of contaminated material.

All contaminated work surfaces will be decontaminated after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious material, as well as the end of the work shift if the surface had become contaminated since the last cleaning.

All bins, pails, cans, and similar receptacles shall be inspected and decontaminated utilizing a sterilization solution and following appropriate guidelines for personal protection and disposition of contaminated material.

Any broken glassware *will* not be picked up directly by hand. Employees *will* use appropriate equipment (i.e. broom and dust pan) for removal. Broken glass shall be placed in acceptable containers (dumpster) located outside the athletic training room to minimize the potential for injuring individuals responsible for waste disposal.

Regulated Waste Disposal

All contaminated sharps shall be discarded as soon as feasibly possible in sharps containers placed in each Athletic Department Athletic Training Room.

Regulated waste other than sharps shall be placed in appropriate containers provided in each Athletic Department Athletic Training Room.

All regulated waste will be handled according to BGSU's Infectious Waste Management Procedures.

Laundry Procedures

Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. If at all possible, such laundry will be removed and maintained in the area where the contamination occurred. Appropriately marked bags will be used for storage of the laundry until removed for further handling. Contaminated laundry will not be sorted or rinsed in the area of use.

Management of contaminated personal clothing will be managed the same as other laundry as stated above.

All employees who handle contaminated laundry will utilize personal protective equipment to prevent contact with blood or other potentially infectious materials.

Procedures Following an Exposure

Following an unprotected exposure, both the individual exposed and person injured shall immediately inform his/her supervisor and complete a standardized University Injury Report Form (see Appendix I). The individual exposed and the person injured will submit the completed forms to the University Department of Environmental Health and Safety as soon as feasibly possible (preferably within 24 hours). In cases where a supervisor is not present (i.e. after normal working hours), the affected employees shall report the incident to Public Safety.

The exposed individual will be contacted by the University which will provide follow-up information and explain the post-exposure procedures. The individual will be instructed to discuss post-exposure medical options with his/her physician or other medical personnel. **Medical evaluations following a potential exposure incident must be performed by a physician within 24 hours of the incident.** Prior to the physician evaluation, the University, if possible, will provide a standardized evaluation form to the exposed employee that is to be completed by the physician (explained later). The individual exposed may elect to decline a post-exposure medical evaluation. If so, the individual shall complete a medical evaluation declination form (see Appendix IV).

Post-Exposure Evaluation and Follow-Up

All employees who experience an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard.

The follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident.
- If possible, the identification of the source individual and, if possible, the status of the source individual. The blood of the source individual will be tested (after consent is obtained by the physician performing the medical evaluation) for HIV/HBV infectivity.

- Results of testing of the source individual will be made available to the exposed employee with the exposed employee informed about the applicable laws and regulations concerning disclosure of the identity and infectivity of the source individual.
- The exposed employee will be offered the option of having his/her blood collected for testing of the HIV/HBV serological status. The blood sample will be preserved for up to 90 days to allow the employee to decide if the blood should be tested for HIV serological status.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential symptoms that might occur and instructed to report any related experiences to appropriate personnel.

The University will offer the exposed employee a post-exposure vaccination, if necessary, at no cost to the employee. The employee has the right to refuse this vaccination. Should the employee decline the post-exposure vaccine, he/she will be offered a waiver of vaccination. This waiver shall be signed by the employee refusing the vaccine (see Appendix II). The waiver shall be kept in the employee's personnel file. One copy of the signed waiver will be given to the employee and another copy will be kept on file in the Department of Environmental Health and Safety.

Interaction with Health Care Professionals

A written opinion shall be provided to the exposed employee and Environmental Health and Safety by the health care professional who evaluated the employee following a post-exposure evaluation.

Written opinions will be obtained in the following instances:

- 1) Whenever the employee is sent to a health care professional following a potential exposure incident.
- 2) When the employee is sent to obtain the Hepatitis B vaccine.

The health care professional shall complete an evaluation form provided by the University following an assessment of the exposed employee. Copies of the signed form shall be provided to the employee and to the Department of Environmental Health and Safety (see Appendix III).

Training

Training for all employees will be conducted within ten days of initial assignment to tasks where occupational exposure may occur. Following initial training, Category 1 and Category 2 employees that work in the Athletic Department Athletic Training Room will be trained at least annually in the following areas:

- 1) The OSHA standard for Blood Borne Pathogens
- 2) The causes and symptoms of blood borne diseases
- 3) Modes of transmission of blood borne pathogens
- 4) BGSU's Exposure Control Plan (i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.)
- 5) Procedures which might cause exposure to blood or other potentially infectious materials at this facility
- 6) Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials
- 7) Personal protective equipment available and who should be contacted to obtain them
- 8) Post exposure evaluation and follow-up
- 9) Signs and labels used
- 10) Hepatitis B vaccine program

All outlines used in blood borne pathogen training for employees will be maintained by the University's Safety and Health Coordinator in the Department of Environmental Health and Safety. Training materials utilized by individual departments/areas shall be kept in the Athletic Department Athletic Training Room student and/or staff policy and procedures manual.

Recordkeeping

All records required by the OSHA standard as well as pertinent Standard Operating Procedures will be maintained by the Director of Sports Medicine in the Athletic Department Athletic Training Room. All records (with the exception of training records) shall be kept for each individual having occupational exposure for a period of 30 years following the employment of the employee. Training records shall be maintained for a period of three years from the date of the training. The Director of Sports Medicine will submit a copy of all training records to the Department of Environmental Health and Safety.

Definitions

Blood means human blood, human blood components, and products made from human blood.

Blood borne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potential infectious materials.

Contaminated means the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item or surface.

Contaminated Laundry means laundry which as been soiled with blood or other potentially infectious materials or may contain sharps.

Decontamination means the use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item to the point where they are no longer capable or transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

Engineering Controls means controls (e.g., sharp disposal containers, self-sheathing needles) that isolate or remove the blood borne pathogens hazard from the workplace.

Exposure Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or potential contact with blood or other potentially infectious materials that result from the performance of an employee's duties.

Hand washing Facilities means a facility providing an adequate supply of running potable water, soap and single use towels or hot air drying machines.

Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis B vaccination and Post-exposure Evaluation and Follow-Up.

HBV means hepatitis B virus.

HIV means human immunodeficiency virus.

Occupational Exposure means reasonable anticipated skin, eye, mucous membrane, or potential contact with blood or other potentially infectious materials that may result from the performance of an employee's duties.

Other Potentially Infectious Materials means

1. The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
2. Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
3. HIV containing cell or tissue cultures, organ cultures, and HIV or HBV containing culture medium or other solutions,; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

Potential means piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, and abrasions.

Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard is not considered to be personal protective equipment.

Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.

Sharps means any object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents or hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.

Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other blood borne pathogens.

Work Practice Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by a two-handed technique).



Athletic Training Room Medical Records Privacy Policy

The Athletic Department, and specifically the Athletic Training Room, is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information. While this policy is in effect, we are required by law to abide by its terms.

Patients who have questions or require additional information should be referred to the Director of Sports Medicine, who serves as the Privacy Contact and Privacy Officer. Patients who believe their rights have been violated can submit complaints on the evaluation forms available in the training room. They will be reviewed by the Privacy Contact, the Athletic Director, and the Senior Women's Administrator. Patients who have complaints that require immediate attention should ask for the Director of Sports Medicine directly. Patients whose complaints have not been resolved to their satisfaction can address complaints to the Secretary of the United States Department of Health and Human Services. The Athletic Department or Training Room will not retaliate against any individual for filing a complaint.

A copy of this policy is available to all student athletes. Additional copies may be obtained in the stadium training room.

Terms:

Any medical information that could in any way identify an individual patient is considered *Protected Health Information* (PHI.)

Treatment, Payment, and Health Care Operations (TPO) are activities related to the provision of medical care, and activities related to collecting payment from the patient or a third party, and health care operations.

Health Care Operations encompasses functions such as quality improvement, peer review, accreditation, licensing, contracting with insurers, business planning, auditing and general administration.

The *Minimum Necessary* information is the least amount of PHI that is required to achieve the desired purpose.

Access and Disclosure:

PHI may be used and disclosed for purposes of TPO. PHI may be disclosed in certain other situations, as described below, relating to public health and safety. The training room may also use PHI to facilitate treatment with medical consultants, contact patients who have missed appointments, to follow up on test results or to advise them of available treatment alternatives. With some infrequently occurring exceptions, any other disclosure of PHI requires the written authorization of the patient.

The following people or entities will have access to PHI:

- The patient/student athlete. (We require that a member of our staff be present when the patient has the original medical record.)
- Any person to whom the patient/student athlete has provided written authorization for the release of information.
- A family member, representative of the patient, or other person responsible for the care of the patient may be notified of the patient's location and general condition, if the patient has given verbal permission. A patient may also give verbal permission to allow another person to pick up prescriptions, supplies, copies of x-rays, or other similar materials.

- Parents or legal guardians of a minor, with some exceptions: PHI regarding contraception, pregnancy, sexually transmitted disease, assault, and drug and alcohol use will not be released to parents or guardians without signed authorization by the patient.
- Athletic Training Room staff, including students, will have access to PHI for purposes as indicated below:
 - o Staff certified and certified graduate assistant athletic trainers, team physicians, and medical consultants need access to the entire medical record.
 - o Athletic Training Students need to know the current complaint, and may need to know about past or chronic conditions, in order to assist in treatment.
 - They will also need access to the entire medical record in order to file medical records in the permanent file.
- Bursar's Office employees need only the date of service and the amount charged to the Bursar account.
- Custodial staff does not have access to PHI.
- Medical or other clinical consultants, for treatment purposes, including reference laboratories, radiologists to interpret radiographs, and cardiologists to interpret electrocardiograms.
- The patient's health insurer, or other third party payers, for payment purposes.
- Public health services, regulatory officials, and law enforcement agencies, when required by law. (See sections I-K, VII-Z.) Examples include child abuse or domestic violence reports, reports regarding decedents, disclosure to avert a serious threat to health or safety, and reports for workers' compensation. A draft summary of when Ohio state law requires disclosure of PHI has been posted by the State of Ohio at www.state.oh.us/hipaa/234hpm.htm.
- Courts, when there is a court order.
- Courts and/or attorneys, when there is a subpoena, discovery request or other lawful process, and certain other conditions are satisfied. When we receive a request of this type, we consult University General Counsel to assure that all legal conditions are satisfied. We also attempt to inform the patient prior to responding.

Minimum Necessary:

In general, use or disclosure of PHI for purposes other than treatment or a disclosure requested by the patient is limited to the minimum necessary. Use of PHI for continuous quality improvement purposes will be limited to Athletic Training Room staff, and will include the entire medical record. The Privacy Officer will review all non-routine requests for disclosure of PHI to assure that they meet the minimum necessary requirement.

Authorizations:

Before we use or disclose PHI for purposes not related to TPO, and not required by law, we must obtain written patient authorization, signed and dated. The authorization must contain a description of the information to be used or disclosed, the name of the recipient of the PHI, an expiration date, and a description of the purpose of the use or disclosure. ("Request of individual" is sufficient if the patient initiates the request.) If we request the authorization for our own purposes we must provide the patient with a copy of the signed authorization. The patient can revoke the authorization at any time.

Patient Rights:

- Patients have a right to see and copy their PHI. We require that a member of our staff be present when the patient inspects the original medical record. We require that patients provide a written request for a copy of their medical record. We charge \$0.15 per page for records longer than five pages. We charge an additional \$5.00 if the patient requests that we mail the records. On rare occasions, if it is felt that disclosure of the medical record to the patient would be harmful, we may deny a request. We must provide a reason for the denial in writing within thirty days, and include notification that the patient can appeal this denial to a designated reviewing official. Our designated official is University Legal Council.

- Patients have a right to **request** limitations to the routine use of PHI for TPO. The request must be in writing. If we agree to any limitation, we must abide by that agreement except in case of emergency. If disclosure of PHI is made to another provider in an emergency, we will request that no further disclosure or use is made.
- Patients have a right to **request** changes in their PHI. We require that such requests be in writing. If we deny the request, we must provide an explanation and we must also allow the patient to provide a statement of disagreement that will be added to the medical record.
- Patients have a right to request that they receive information from us by alternative means or at alternative locations. We must accommodate any reasonable request.
- Patients have the right to see a list of all people to whom PHI has been disclosed, except for disclosures related to TPO, disclosures to the patient, and disclosures pursuant to an authorization. We must also suspend the right of patients to receive an accounting of disclosures to health oversight agencies and law enforcement officials if the agency or official provides a written statement that an accounting would likely impede the agency's activities and specifies the time for which the suspension is required

In order to meet this requirement, the Athletic Training Room must keep a disclosure log. The log must record all disclosures, both written and verbal. For example, notification of the Health Department about a reportable disease would be logged whether it was by phone or in writing.

Security:

Privacy measures are designed to protect the confidentiality of PHI. All staff will observe the following rules:

- All staff will receive instruction about the Athletic Training Room Privacy Policy. All staff will be required to be familiar with the Privacy Policy.
- Staff will exert due diligence to avoid being overheard when discussing PHI.
- All records will be kept secured. When any training room is open, exposed patient records are not left unattended in unlocked offices. When the training room is closed, it is locked. Individual charts are either in locked offices, or are in a file cabinet which is locked.
- Access to medical records computers will require a personal code, which will be periodically changed.
- Any Business Associates who must have access to PHI will be required to sign an agreement that they will hold confidential and private all PHI. Business Associates that do not honor their agreement will be subject to termination of their relationship with the Athletic Department and the Athletic Training Room.

Administration:

- The Director of Sports Medicine/Head Athletic Trainer serves as the Privacy Contact and as the Privacy Officer.
- A designee of the University ITS department serves as the Security Officer.

All Athletic Training Room staff and students are required to comply with all the policies of the Training Room, including the Privacy Policy. Violations of this requirement will be treated as disciplinary matters according to the procedures delineated in the policy and procedures manual.

Policy Regarding Use of Disclosure Log

The disclosure log (see section VII-W.9) should be used whenever the patient's protected health information is being disclosed to an individual and/or agency that is inquiring for any reason other than treatment, payment or other medical operation (TPO). This includes both written and spoken communication, e.g. a phone call to the health department.

Patients have a right to an accounting of the disclosures that are maintained in the log. This right may be suspended with regard to disclosures to health oversight or law enforcement agencies, when the agency or law enforcement official provides a written request. The request must state that an accounting would be likely to impede the agency's activities and must specify the time for which the suspension is required. Such statements will be kept with the log. The log will be kept in the patient's chart for easy access. Patients are entitled to see the log on request.

A copy of the signed, specific release form kept in the patient's chart will also serve as a record of disclosure.

Examples of when disclosures should be logged:

- Court Order
- Disclosure to outside agency as required by law, e.g. Wood County Health Department when reporting communicable diseases, police for sexual assault or abuse/neglect, etc.

Examples of when disclosures do not need to be logged:

- When we have referred patient to an outside physician/specialist
- Internal, e.g.: peer review; research where individual patients can not be identified
- Requests from the patient's health insurance related to a claim
- Disclosure directly to the patient
- Disclosures pursuant to a patient authorization
- Disclosures to family members or other persons involved in the patient's care when the patient has given verbal or written permission.

Note that all disclosures for any purpose other than treatment must be limited to the minimum necessary information.

VI. Emergency Management Plan

Emergency Telephone Number List



Bowling Green State University Sports Medicine Contact List 2014-2015

Fax: 419-372-0123

Staff Athletic Trainers

Alfred Castillo MS, ATC
Asst. AD Sports Performance/
Director of Sports Medicine
Football
Men's Soccer, Golf
Office: 419-372-7088
Cell: 573-587-3402
acasti@bgsu.edu

Dan Fischer MED, ATC
Assistant Athletic Trainer
Hockey, Women's Tennis
Baseball, Women's Soccer
Office: 419-372-7238
Cell: 314-221-0765
dafisch@bgsu.edu

Chelsea Lowe MSE, ATC
Assistant Athletic Trainer
Football
Gymnastics, XC, Track, Softball, Cheer
Office: 419-372-7089
Cell: 303-241-9967
lowec@bgsu.edu

Rob Whitehurst MED, ATC
Assistant Athletic Trainer
Men's Basketball
Women's Basketball, Volleyball, Swimming
Office: 419-372-2219
Cell:
whitehr@Bgsu.edu

Indicates supervisory responsibilities

Graduate Assistant Athletic Trainers

Allie McDavitt ATC
Gymnastics, M/W Cross Country,
Cheerleading
Office: 419-372-7087
Cell: 609-468-5545
amcdavi@bgsu.edu

Randi Small ATC
Men's Soccer, Softball
Office: 419-372-7087
Cell: 248-622-6040
rsmall@bgsu.edu

Matthias Reiber ATC
Women's Track, Football, M/W Cross
Country
Office: 419-372-7087
Cell: 785-764-8932
mreiber@Bgsu.edu

Sarah La Shier ATC
Volleyball, Women's Swimming &
Diving
Office: 419-372-8353
Cell: 540-809-1121
lashisv@bgsu.edu

Amanda Notley ATC
Women's Soccer, Baseball
Office: 419-372-7087
Cell: 440-309-3388
anotley@Bgsu.edu

Dani Coppes ATC
Women's Basketball, M/W Golf
Office: 419-372-8353
Cell: 419-618-8432
connesd@bgsu.edu

**Bowling Green State University
Department of Intercollegiate Athletics
AED Protocol**

Assess Unresponsiveness
Call 9-1-1 or (419) 372-2346 from a cell phone
AED Availability

IF AED ON-SITE

- ✓ Asses the scene for safety
- ✓ Determine unresponsiveness
- ✓ Follow universal blood-borne pathogen protocols
- ✓ Place AED by victim's Left shoulder
- ✓ Open Airway (*Jaw thrust if suspect C-Spine injury*)
- ✓ Provide 2 breaths
- ✓ Check for signs of circulation
- ✓ Turn on AED
- ✓ Attach pads to bare, dry, clean chest (i.e. free of hair, sweat, water etc...)
- ✓ Clear victim for analysis (*I'm clear, you're clear, everybody's clear*)
- ✓ If "Shock" advised: Follow AED voice and text prompts.
- ✓ If "No Shock" advised: Check for signs of circulation.
 1. If circulation is not present, begin CPR for 1 minute. Follow AED voice prompts for re-analysis.
 2. If circulation is present, assess breathing.
- ✓ If adequate breathing and circulation are present/restored, place victim in rescue position (if applicable), and leave AED attached. Monitor victim until advanced help arrives.
- ✓ Complete BGSU AED post incident report form

IF AED IS NOT ON-SITE

- ✓ Asses the scene for safety
- ✓ Determine unresponsiveness
- ✓ Phone or radio group/sport with AED and have he/she transport AED to your location
 - Campus policy also have a portable AED, early activation of EMS essential
- ✓ Follow universal blood-borne pathogen protocols
- ✓ Open Airway (*Jaw thrust if suspect C-Spine injury*)
- ✓ Provide 2 breaths
- ✓ Check for signs of circulation
- ✓ Begin chest compressions
- ✓ Continue with CPR until AED or EMS services arrive
- ✓ When AED arrives:
 1. Place AED by victim's Left shoulder
 2. Turn on AED
 3. Attach pads to bare, dry, clean chest (i.e. free of hair, sweat, water etc...)
 4. Clear victim for analysis (*I'm clear, you're clear, everybody's clear*)
- ✓ If "Shock" advised: Follow AED voice and text prompts.
- ✓ If "No Shock" advised: Check for signs of circulation.
 1. If circulation is not present, begin CPR for 1 minute. Follow AED voice prompts for re-analysis.
 2. If circulation is present, assess breathing.
- ✓ If adequate breathing and circulation are present/restored, place victim in rescue position (if applicable), and leave AED attached. Monitor victim until advanced help arrives.
- ✓ Complete BGSU AED post incident report form

GOAL IS FOR RAPID UTILIZATION OF AED WITH FIRST SHOCK OCCURRING WITHIN 90 SECONDS. *Protocol Updated: 3.10.2003*

**Bowling Green State University
Athletic Training
AED Sports Coverage Plan**

1. AED Storage

- Three (3) AED's are kept in the Sebo Athletic Training Room.
 - **(419) 372-7088**
 - **(419) 372-7089**
 - **(419) 372-7090**
 - **(419) 372-7087**
- AED's are located permanently in the following locations:
 - **Ice Arena** - located adjacent to Zamboni room
 - **Anderson Arena** - located in the corridor by the athletic training room and locker rooms
 - **Stroh Center** – located in the (1) SW corner corridor and (1) NE corner corridor. Additional AED in Athletic Training Room.
 - **Field House** - located at the front desk
 - **Recreation Center** - located at the front desk

2. AED Scheduling

The following parameters are taken into account for practice and game AED scheduling for areas with out permanent placement of an AED:

- High Risk Student-Athletes as identified on health history or exam
- High-Risk Sport(s) (ex. Football, Men's/Women's Soccer, Baseball)
- Low-Risk Sport(s) (ex. Tennis, Golf)
- Practice time/location
- Game time/location
- Home events verses away events
- Venue site location (ex. Isolated facility verses facilities in close proximity)
- In-season verses out-of-season

3. Communication

- Each staff and student must have familiarity with and the ability to implement venue specific emergency protocol.
- Cellular phones will be used for communication between the Athletic Training Facility and sports that do and do not have an AED on-site.
- Staff and students must have familiarity with permanent locations and phone numbers for campus police equipped with portable units.
- Knowledge that the nearest AED may not be Sebo Athletic Training Room. Depending on location of cardiac event closest AED may be one of the other permanent AED locations.

Bowling Green State University
Department of Intercollegiate Athletics
Venue Site Emergency Action Plan (EAP) Description

1. Each venue site emergency plan addresses and provides outlines of the following areas:
 - a. **Section I** - Role of Emergency Personnel - defines the roles of the Team Leader (TL) and for which duties he/she is responsible
 - Venue Directions/Access - indicates routes for EMS access
 - b. **Section II** - Emergency Telephone Numbers
 - c. **Section III** - Emergency Personnel - defines who is part of the medical team
 - d. **Section IV** - Emergency Communication - indicates avenues of communication between medical team members and the Emergency Medical System (EMS).
 - e. **Section V** - Emergency Equipment - describes what equipment is available and its location
2. Each emergency plan is designed to address either a specific venue site that may be used by multiple teams (ex. Perry Field House), or for a specific team that uses multiple sites (ex. Baseball, Women's Track and Field).
3. Each emergency plan utilizes a First Responder that is the designated Team Leader (TL). Any individual supervising a student-athlete can act as the TL. The role of the TL is outlined in Section I - *Role of Emergency Personnel*.



Emergency Protocol for In-season and Out of Season Workouts

Perry Football Stadium/Sebo Athletic Center Athletic Training Room

I. Role of Emergency Personnel

1. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to the Perry Football Stadium/Sebo Athletic Center Athletic Training Room (Rm 100) on east side of stadium off of Stadium Dr. Lot L and meet athletic trainer as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if deemed necessary by TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site for all scheduled practices and competitions, additional staff in Sebo Athletic Center Athletic Training Room (372-7087, 7088, 7089, 7090)
- Athletic training students on site for scheduled practice and competition
- Team Physicians in attendance for all competitions and on call during scheduled practices
- ProMedica contracted for emergency treatment and transportation for all competitions
- Bowling Green Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition
- Athletic training facility is located in Sebo Athletic Center adjacent to the football locker room

IV. Emergency Communication:

- Sebo Athletic Center Athletic Training Room has fixed telephone lines (372-7087, 7088, 7089, 7090)
- Certified Staff have cellular phones
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for practice and competition
- Additional supplies are located in the Sebo Athletic Center Athletic Training facility for practice and competition
- Additional emergency medical supplies provided by EMS services
- AED located in Sebo Athletic Training Room and on 2nd floor of Sebo Center by team meeting room



Emergency Protocol for In-season and Out of Season Workouts

Perry Field House/Turf Room Venue

I. Role of Emergency Personnel

1. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation
 - b. Instruct emergency medical services (EMS) personnel to *"report to the main entrance off of Mercer Rd. (East parking lot) of the field house and meet athletic trainer at outside door as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if deemed necessary by TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by sports medicine staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) either on site or in Sebo Athletic Center Athletic Training Room for scheduled practice, and on site for competition.
- Athletic training students on site for scheduled practice and competition
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7089, 7090
- Team Physician(s) on call for all home competitions and scheduled practice times
- Bowling Green Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition
- Athletic training facility is centrally located adjacent to the track and turf room

IV. Emergency Communication:

- Field House Athletic Training Room has fixed telephone lines (372-9862 or 372-9957)
- Certified Staff have cellular phones
- Direct verbal communication

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, and biohazard supplies are available on site for practice and competition.
- Additional emergency medical supplies provided by EMS services
- AED located at the front desk



Emergency Protocol for In-season and Out of Season Workouts

Memorial Hall/Anderson Arena

I. Role of Emergency Personnel

1. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to Memorial Hall. The Entrance is located adjacent to Parking Lot N accessed from Ridge Street. North Mercer to Ridge Street – Parking Lot N. Memorial Hall Athletic Training Room is accessed through the North West doors, take hall way to the right, third door on the right. Anderson Arena is accessed by the same door as the athletic training room and is centrally located through corridor on left of hallway as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if necessary per TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office--372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site for all scheduled practices and competitions.
- Athletic training students on site for scheduled practice and competition.
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7089, 7090
- Team Physicians in attendance for all home competitions and on call for scheduled practices
- Bowling Green Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition
- Athletic training facility is located behind team benches adjacent to the team locker rooms

IV. Emergency Communication:

- Memorial Hall/Anderson Arena Athletic Training Room has a fixed telephone line (419) 372-2279.
- Certified Staff has a cellular phone.
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for practice and competition. Additional supplies are located in the Sebo Athletic Center Athletic Training facility for practice and competition.
- Additional emergency medical supplies provided by EMS services
- AED located in corridor by athletic training room and locker rooms



Emergency Protocol for In-season and Out of Season Workouts

Eppler Hall

I. Role of Emergency Personnel

2. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to Eppler Hall. The Entrance is located adjacent to Hayes Hall and is accessed from service drive off of Ridge Street. North Mercer to Ridge Street. Eppler Hall Athletic Training Room (room 118) is accessed through the West doors, take hall way to the right, second hallway turn left. Eppler Hall Gymnastics facility is accessed through the same door as the athletic training room and is centrally located through corridor on left of entrance way as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if necessary per TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office--372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site for all scheduled practices and competitions.
- Athletic training students on site for scheduled practice and competition.
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7089, 7090
- Team Physicians in attendance for all competitions and on call during scheduled practices
- Bowling Green Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition

IV. Emergency Communication:

- Eppler Hall Athletic Training Room has a fixed telephone line (372-0217)
- Certified Staff have cellular phones.
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for practice and competition. Additional supplies are located in the Sebo Center Athletic Training facility for practice and competition.
- Additional emergency medical supplies provided by EMS services
- AED located in Eppler Center. 1st floor across from the gym



Emergency Protocol for In-season and Out of Season Workouts

Soccer Practice Fields and Mickey Cochrane Field

I. Role of Emergency Personnel

1. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to the soccer practice fields on the west side of Perry Stadium at the entrance from Lot L from Stadium Dr. or /Mickey Cochrane Soccer Stadium on the South side of Stadium Dr. Access Stadium Dr. from the intersection of Mercer Rd. and W. Merry St. and meet athletic trainer as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if necessary per TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office--372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site/in Sebo Athletic Center Athletic Training Room for all scheduled practices on site for all competitions. Athletic training students on site for scheduled practice and competition
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7089, 7090
- Team Physician(s) on call for all home competitions and during scheduled practice times
- Bowling Green Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition
- Athletic training facility is located in Sebo Athletic Center adjacent to the football locker room

IV. Emergency Communication:

- For competitions there is a fixed telephone line in press box (372-0550)
- Sebo Athletic Center Athletic Training Room has a fixed telephone line (372-7087, 7088, 7089, 7090)
- Certified Staff have cellular phones
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches available on site for all practices.
- All above supplies in addition to trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for competition.
- Additional supplies are located in the Sebo Athletic Center Athletic Training facility for practice and competition.
- Additional emergency medical supplies provided by EMS services
- AED located in Sebo Athletic Training Room



Emergency Protocol for In-season and Out of Season Workouts Softball Field

I. Role of Emergency Personnel

1. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to the Softball Field. The entrance is located on the North side of Stadium Drive across from Mickey Cochrane Soccer Field. Access Stadium Dr. from the intersection of Mercer Rd. and W. Merry St. and meet athletic trainer as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician *(if necessary per TL)*

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site/in Sebo Athletic Center Athletic Training Room for all scheduled practices on site for all competitions. Athletic training students on site for scheduled practice and competition
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7089, 7090
- Team Physician(s) on call for all home competitions and during scheduled practice times
- Bowling Green Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition
- Athletic training facility is located in Sebo Athletic Center adjacent to the football locker room

IV. Emergency Communication:

- For competitions there is a fixed telephone line in press box (372-0577)
- Sebo Athletic Center Athletic Training Room has fixed telephone lines (372-7087, 7088, 7089, 7090)
- Certified Staff have cellular phones
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches available on site for all practices
- All above supplies in addition to trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for competition
- Additional supplies are located in the Sebo Athletic Center Athletic Training facility for practice and competition
- Additional emergency medical supplies provided by EMS services
- AED located in Sebo Athletic Training Room.



Emergency Protocol *for In-season and Out of Season Workouts* **Whitaker Track Complex**

I. Role of Emergency Personnel

1. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to Whitaker Track Complex South East of Perry Football Stadium/Football Practice Fields on east side of stadium off of Stadium Dr. Lot L and meet athletic trainer as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if necessary per TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site/in Sebo Center Athletic Training Room for all scheduled practices and competitions (372-7087, 7088, 7089, 7090). Athletic training students are on site for scheduled practice and competition.
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during operating hours (419 372-7087, 7088, 7089, 7090).
- Team Physician(s) on call for all home competitions and during scheduled practice times.
- Bowling Green Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition
- Athletic training facility is located in Sebo Athletic Center adjacent to the football locker room

IV. Emergency Communication:

- Sebo Center Athletic Training Room has fixed telephone lines (419-372-7087, 7088, 7089, 7090)
- Certified Staff have cellular phones.
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, and trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available for practice and competition located in Sebo Center Athletic Training Room. Additional supplies are located in the Sebo Center Athletic Training Room for practice and competition.
- Additional emergency medical supplies provided by EMS services
- AED located in Sebo Athletic Training Room



Emergency Protocol for In-season and Out of Season Workouts

Bowling Green Ice Arena Venue

I. Role of Emergency Personnel

1. First Responder is the Team Leader mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone call (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to the northeast corner of the ice arena at intersection of Mercer Rd and Stadium Dr. Meet athletic trainer at outside door closest to hockey addition as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician *(if necessary per TL)*

Note:

- Sports medicine staff member should accompany student-athlete to hospital
- Notify other sports medicine staff immediately
- Parents should be contacted by sports medicine staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site or in Ice Arena Athletic Training Room (372-7238) for scheduled practice, and on site for competition. Athletic training students are on site for scheduled practice and competition.
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419-372-7087, 7088, 7089, 7090).
- Team Physicians in attendance for all competitions and on call during scheduled practices.
- ProMedica EMS on site for competition located in player's entrance to ice. Ambulance service requires EMS activation during practice.
- Bowling Fire Department off site for practice and competition
- BGSU Police off site for all practices, on-site for competition
- Athletic training facility is located at the northeast corner of the building and is accessible by a door labeled appropriately on the east facing wall.

IV. Emergency Communication:

- Ice Arena Athletic Training Room has a fixed telephone line (372-7238)
- Certified Staff Member has a cellular phone (314-221-0765) on person at all times..
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for practice and competition. Additional supplies are located in the Ice Arena Athletic Training facility
- Additional emergency medical supplies provided by EMS services
- AED is located adjacent to the Zamboni Room



Emergency Protocol for In-season and Out of Season Workouts

Keefe Tennis Courts Venue

I. Role of Emergency Personnel

1. First Responder is the Team Leader mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone call (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to the Keefe Tennis Courts on the north side of Stadium Drive, just east of Stellar Field and meet athletic trainer at tennis court entrance as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if necessary per TL*)

Note:

- Sports medicine staff member should accompany student-athlete to hospital
- Notify other sports medicine staff immediately
- Parents should be contacted by sports medicine staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) either on site or in Ice Arena Athletic Training Room (372-7238) for scheduled practice, and on site for competition. Athletic training students are on site for scheduled practice and competition.
- Additional athletic medicine staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7090, 7098
- Team Physician(s) on call for all home competitions and during scheduled practice times
- Bowling Fire Department off site for practice and competition
- BGSU Police off site for all practices/competition
- Athletic training facility is located at the northeast corner of the Ice Arena and is accessible by a door labeled appropriately on the east facing wall

IV. Emergency Communication:

- Ice Arena Athletic Training Room has a fixed telephone line (372-7238)
- Certified Staff Member has a cellular phone on person at all times.
- Ice Arena Main Office has a fixed telephone line (372-2264)
- Direct verbal communication

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for competition and available in the Ice Arena training room during practice. Additional equipment is available in the Ice Arena Athletic Training facility
- Additional emergency medical supplies provided by EMS services
- AED is located adjacent to the Zamboni Room



Emergency Protocol for In-season and Out of Season Workouts

Steller Baseball Field Venue

I. Role of Emergency Personnel

1. First Responder is the Team Leader mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone call (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to baseball field at corner of Mercer Rd. and Stadium Dr. and meet athletic trainer at Stadium Dr. entrance as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1.b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if necessary per TL*)

Note:

- Sports medicine staff member should accompany student-athlete to hospital
- Parents should be contacted by sports medicine staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) either on site or in Ice Arena Athletic Training Room (372-7238) for scheduled practice, and on site for competition. Athletic training students are on site for scheduled practice and competition.
- Additional athletic medicine staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7089, 7090
- Team Physician(s) on call for all home competitions and scheduled practice times
- Bowling Fire Department off site for practice and competition
- BGSU Police off site for all practices/competition

IV. Emergency Communication:

- Steller Field Press Box has fixed line (372-2069) when unlocked.
- Ice Arena Athletic Training Room has a fixed telephone line (372-7238)
- Certified Staff Member has a cellular phone on person at all times
- Direct verbal communication

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for practice and competition. Additional supplies are located in the Athletic Training facility (Ice Arena or Sebo Athletic Center)
- Additional emergency medical supplies provided by EMS services
- AED is located adjacent to the Zamboni Room



Emergency Protocol for In-season and Out of Season Workouts Sebo Athletic Center Weight Room

I. Role of Emergency Personnel

1. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to the Sebo Athletic Center on north side of stadium off of Stadium Dr. Lot L and meet a strength coach as we have an injured student-athlete in need of emergency medical treatment."* If conditioning on practice fields instruct emergency medical services (EMS) personnel to *"report to the football practice fields on the east side of Perry Stadium on Stadium Dr. and meet a strength coach as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - i. Name, address, telephone number of caller
 - ii. Number of victims; condition of victims
 - iii. First-aid treatment initiated
 - iv. Specific directions as needed to locate scene (see 1. b above)
 - v. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if necessary per TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

IV. Emergency Personnel:

- Weight room staff is certified in CPR/AED use
- Certified athletic trainer(s) in Sebo Athletic Center Athletic Training Room (372-7087, 7088, 7089, 7090)
- Athletic training facility is located in Sebo Athletic Center adjacent to the football locker room

V. Emergency Communication:

- Weight room has a fixed telephone lines(372-8927, 7558)
- Sebo Athletic Center Athletic Training Room has fixed telephone lines (372-7087, 7088, 7089, 7090)

VI. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for practice and competition
- Additional supplies are located in the Sebo Center Athletic Training facility for practice and competition
- Additional emergency medical supplies provided by EMS services
- AED located in Sebo Athletic Training room and 2nd floor of Sebo Center by team meeting room

Updated 8.31.16



Emergency Protocol for In-season and Out of Season Workouts

Stroh Center

I. Role of Emergency Personnel

2. First Responder is the Team Leader and mobilizes and designates medical team members to perform the following tasks:
 - a. Call 911 immediately or from a cell phone (419) 372-2346 (Campus Police) to report the situation.
 - b. Instruct emergency medical services (EMS) personnel to *"report to the Stroh Center west side loading dock and meet athletic trainer as we have an injured student-athlete in need of emergency medical treatment."*
 - c. Provide necessary information to EMS personnel:
 - vi. Name, address, telephone number of caller
 - vii. Number of victims; condition of victims
 - viii. First-aid treatment initiated
 - ix. Specific directions as needed to locate scene (see 1.b above)
 - x. Other information as requested by dispatcher
 - d. Retrieve emergency medical equipment
 - e. Provide appropriate emergency care until arrival of EMS personnel: on arrival of EMS personnel, provide pertinent information (method of injury, vital signs, treatment rendered, medical history) and assist with emergency care as needed.
 - f. Open appropriate access gates/doors
 - g. Meet and direct ambulance/police/fire services
 - h. Provide scene control
 - i. Contact certified athletic trainer(s) and/or team physician (*if deemed necessary by TL*)

Note:

- Athletic Training staff member should accompany student-athlete to hospital
- Notify other athletic training staff immediately
- Parents should be contacted by athletic training staff
- Inform coach(es) and administration
- Obtain medical history and insurance information
- Appropriate injury reports should be completed

II. Emergency Telephone Numbers (all 419 area codes)

Emergency	911 or 372-2346 (Campus police) from cell phone
Wood County Hospital	354-8900
Wood County ER	354-8910
Alfred Castillo, Head ATC	cell-573-587-3402 office-372-7088

III. Emergency Personnel:

- Certified athletic trainer(s) on site for all scheduled practices and competitions.
- Athletic training students on site for scheduled practice and competition.
- Additional athletic training staff available in Sebo Athletic Center Athletic Training Room during normal operating hours (419) 372-7087, 7088, 7089, 7090
- Team Physicians in attendance for all home competitions and on call for scheduled practices
- Bowling Green Fire Department off site for practice and competition
- ProMedica EMS on site for all Men's and Women's Basketball competitions
- BGSU Police off site for all practices, on-site for competition

IV. Emergency Communication:

- Stroh Center Athletic Training Room has a fixed telephone lines (372-2219,8353)
- Certified Staff has a cellular phone (419) 667-6641.
- Direct verbal communication.

V. Emergency Equipment:

- Vacuum splints for the upper and lower extremities, knee immobilizer(s), crutches, trauma kit, spine board w/ universal collar and straps, and biohazard supplies are available on site for practice and competition
- Additional supplies are located in the Sebo Athletic Center Athletic Training facility for practice and competition
- Additional emergency medical supplies provided by EMS services
- AED located in SW corridor by the practice gym, NE corner corridor of the gym, and Stroh Athletic Training Room.

VIII. Appendices

COLD STRESS AND COLD EXPOSURE

The Bowling Green State University Sports Medicine department follows the regulations set by the National Athletic Trainer's Association position statement published in 2008. In the position statement, it clearly explains the detriment to an athlete's body from participating in physical activity in cold environments can lead to cold temperature injuries.

PROCEDURE

Recommendations for BGSU Sports Medicine Staff, coaches and student-athletes:

- Education in the recognition and treatment for cold stress and cold exposure
- Proper clothing, especially around the core
- Insulation, including pants and sleeves designed to break wind
- Hands, feet, ears and face should be properly covered

RECOGNITION

Environmental factors:

- Wind-chill
- Frostbite
- Hypothermia

SIGNS

- Numbness
- Tingling
- Shivering
- Exposed flesh burning sensation
- Fatigue
- Confusion
- Slurred speech
- Red/painful/swollen extremities
- Clumsy movements

GUIDELINES

- 30°F and below: potential for cold stress injuries
- 15°F or wind-chill: limit outside exposure
- 0°F or wind-chill: Terminate outside activities

HEAT ILLNESS

The Heat Illness position statement was published by the National Athletic Trainer's Association in 2002. Participating in physical activity in elevated temperatures can cause heat illness. The BGSU Sports Medicine Department uses the NATA position statement as a guideline and to educate coaches and student athletes, as well as identify pre-disposed individuals. The position statement also has proper acclimatization protocols along with rehydration and recovery strategies.

PROCEDURE

Guidelines for Participation in Heat & Humidity

Wet-bulb globe temperature (WBGT) higher than 75°F or humidity above 90% may be dangerous. Preventative measures should be taken above 82°F. Medical history taken during pre-participation exam will help determine predisposed athletes. Some factors include:

- Previous history of heat illness
- Poor physical conditioning
- Obesity
- Un-acclimatized individuals
- Prescription drugs or supplements being used

A normal acclimatization period lasts between 10 and 14 days, with the intensity and duration gradually increasing. All coaches and student-athletes should rehydrate both during and between practices/competition.

Signs of Heat Illness

Visual changes that may occur to a student-athlete or coach:

- Pale/flushed skin
- Decreased performance
- Unsteadiness
- Muscle cramping
- Confusion
- Irritability
- Vomiting
- Rapid weak pulse

Symptoms of Heat Illness

Physical changes that the student-athlete or coach describes:

- Headache
- Dizziness
- Increased fatigue
- Increased body temp
- Nausea
- Lack of sweat
- Blurred vision/blacking out
- Fainting

Treatment of Heat Illness

Some of the more severe classifications of heat illness include: heat cramps, heat syncope, heat exhaustion, heat stroke and exertional hyponatremia. Most of these conditions have very similar signs and symptoms and often times a less serious condition can progress to the next. It is every important to identify signs and symptoms early to catch them at the beginning of the onset. Heat exhaustion often times leads to heat stroke. Symptoms that characterize heat exhaustion are: weakness, dizziness and nausea. If heat exhaustion is assumed, individual should be removed from participation and placed in a cool, shaded area and given fluids to replenish lost electrolytes. Heat stroke is a medical emergency and presents very similarly, but body temperature will be elevated and skin will be red and dry, ceasing sweating. Emergency personnel should be activated immediately and individual should be placed in an environment to lower core body temperature. This includes cold water immersion, running cold water and fanning vigorously, and using ice. Team physician will be notified of all heat illness cases.

EATING DISORDERS

I. Introduction and Philosophy

1. The Department of Athletics at Bowling Green State University advocates the development of healthy and responsible lifestyles for BGSU student-athletes, with the goal of long-term enrichment and enhancement of their lives. Behaviors that threaten a healthy lifestyle include disordered eating.
2. The Department of Athletics recognizes that the manifestations of eating disorders reflect the interaction of biological, psychological, and sociological factors in both the development of eating disorders and their treatment. Student-athletes are at an increased risk of developing or maintaining patterns of disordered eating due to their participation in elite, collegiate sports.
3. The effects of disordered eating can range from mild to severe, depending on the extent of the disorder and the length of time the individual has engaged in such behaviors.
 - Medically, disordered eating can have short-term and long-term health consequences ranging from an increased risk of sport-related injury, to death. There is a potential for serious consequences in every system of the body.
 - Psychologically, individuals with an eating disorder have an increased risk of depression and suicide. Eating disorders are often associated with low self-esteem, obsessive thinking, and feelings of isolation.
4. Recovery from eating disorders can be a difficult process that takes time. In general, the greater the duration and frequency of disordered eating, the longer it will take for recovery to occur.
5. Body weight/composition is only one factor contributing to athletic performance, and there is not substantial evidence linking specific body weight/composition to superior performance in any sport.
6. Each student-athlete has a unique body type that is largely influenced by genetics. We wish to emphasize healthy personal improvement in nutrition, body composition, and fitness level, recognizing individual differences. We encourage that athletic department staff recognizes individual differences instead of relying on pre-published group norms

II. Goals

1. To implement an effective multidisciplinary approach to the prevention, identification, and treatment of eating disorders. The treatment team will consist of the registered dietitian, athletic trainer, team physician, student health service staff and counseling center staff.
2. To diagnose and provide treatment plans for student-athletes struggling with eating disorders.
3. To provide medical, nutritional, and/or psychological services to the student-athlete while respecting his or her privacy.
4. To establish an eating disorders management team. This team will consist of a registered dietitian and psychologist, as well as the specific physician, athletic trainer, coach, and sport administrator for the student-athlete. Student health service providers experienced in eating disorders may also be involved. The management team will meet with the student-athlete to oversee his or her compliance with treatment, as necessary.
5. The BGSU Sports Medicine Staff will be responsible for coordinating the appropriate medical plan of action for each student-athlete.

III. Prevention of Eating Disorders

1. Prophylactic nutritional and psychological education will be provided to sports teams identified as “high risk” for eating disorders. For example:
 - swimming
 - running (track and field, cross country)
 - gymnastics
 - diving
 - synchronized swimming
 - wrestling
 - crew
 - field hockey
 - cheerleading

Please note: **Student-athletes from all sports are at risk for developing eating disorders. Male athletes are increasingly at risk for negative body image and eating problems, including Muscle Dysmorphia (or “Reverse Anorexia”).**

2. Training and education about eating disorders will be provided for professionals working with student-athletes, including:
 - Coaches
 - Athletic Trainers
 - Strength Coaches
3. We encourage coaches to initiate nutritional and body image education throughout the year, utilizing the resources of athletic department personnel.
4. Weight and Body Composition Goals and Measurements
 - Sport coaches should bring their concerns about student-athletes’ body weight/composition to the athletic trainer and strength coach. The strength coach, athletic trainer, and student-athlete will set goals together regarding student-athletes’ weight and body composition. (Teams not working with a strength coach will utilize the athletic trainer). The athletic trainer may also involve medical staff such as physicians, dietitians, and psychologists in the goal-setting process. The goals will take into account student-athletes’ overall health and sport performance. For example, if student-athletes appear moderately underweight or overweight, yet are healthy and steadily improving their sport performance, athletic department staff should refrain from asking them to modify their body weight/composition.
 - Athletic department staff should consider each student-athlete’s weight and body composition individually, and refrain from setting group goals.
 - If the goal-setting team agrees that body modifications are likely to improve student-athletes’ health and performance, athletic department staff will refer the student-athlete to the dietitian. The dietitian should be involved with student-athletes’ attempts to lose or gain weight, in order to avoid unhealthy eating behaviors.
 - Sport coaches are not permitted to weigh student-athletes, measure their body composition, or share weight/body composition information publicly. The student-athletes will sign a release that allows the strength coaches to share body composition testing information with the sport coaches as deemed necessary. It is common for body composition testing to be used as a measure of training effectiveness, and as a general rule, strength coaches will take the measurements. However, student-athletes should always have the choice to refuse testing.
 - Frequent measuring of weight and body composition can be harmful to student-athletes. Strength coaches should take measurements only when necessary for gauging the training program’s effectiveness. Typically, once per semester should be sufficient, but could be more frequent if deemed necessary by medical provider to manage issues related to lean body mass.

- Student-athletes have the right to access their own weight and body composition information. On a case-by-case basis, strength coaches may refrain from taking measurements or limit access to that information if contraindicated for health reasons (i.e. an athlete with disordered eating).
- The administrator in charge of the particular sport will be consulted if staff members do not follow these guidelines.

IV. Treatment and Intervention

1. If an athletic department staff member witnesses or has reports of a student-athlete displaying signs or symptoms of an eating disorder (see “Behavioral and Physical Signs of an Eating Disorder”), then he or she is to approach the student-athlete. If a teammate witnesses a student-athlete engaging in disordered eating behaviors, the teammate will be encouraged to approach the student-athlete and to inform an athletic trainer about the observed behaviors. Appropriate intervention involves an expression of concern that the student-athlete is displaying specific eating behaviors that may interfere with his or her health and athletic performance (see “Approaching a Student-Athlete about Disordered Eating”). The staff member will request that the student-athlete meet with the psychologist, registered dietitian, and/or team physician for assessment.
2. If the student-athlete complies with the request for an assessment by members of the treatment team, the team will assess the student-athlete for disordered eating as defined by the DSM-IV (see “Definitions of Eating Disorders”).
3. If the treatment team concludes that the student-athlete is in need of medical, nutritional or psychological intervention, then they will develop a treatment plan for the student-athlete. Elements of the treatment plan may include:
 - required visits with the psychologist, registered dietitian, team physician and/or student health service staff.
 - attendance of a nutrition and body image support group
 - weight checks
 - limitation of physical activities
 - outpatient or inpatient treatment referrals
 - any other intervention as deemed medically or psychologically necessary
4. If the student-athlete does not seek help independently and the disordered eating behaviors continue, the student-athlete should be referred to the eating disorders management team.
5. The management team will meet with the student-athlete, to oversee his or her compliance with the treatment plan (which will be developed by the treatment team). The student-athlete will be required to sign a contract agreeing to the terms of the treatment plan. If he or she refuses to attend the meeting or to comply with the plan, suspension from sport will result.
6. The treatment team and management team will review the student-athlete cases periodically and provide further intervention as needed.
7. If athlete participation has been restricted or limited, only a BGSU Team Physician can give final clearance to return to sport activity.

Definitions of Eating Disorders

The following definitions are based on the criteria in the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV):

I. Anorexia Nervosa

- A. Refusal to maintain body weight at or above a minimally normal weight for age and height (e.g., weight loss leading to maintenance of body weight less than 85% of that expected; or failure to make expected weight gain during period of growth, leading to body weight less than 85% of that expected).
- B. Intense fear of gaining weight or becoming fat, even though underweight.
- C. Disturbance in the way in which one's body weight or shape is experienced, undue influence of body weight or shape on self-evaluation, or denial of the seriousness of the current low body weight.
- D. In postmenarcheal females, amenorrhea, i.e., the absence of at least three consecutive menstrual cycles.

II. Bulimia Nervosa

- A. Recurrent episodes of binge eating. An episode of binge eating is characterized by both of the following:
 - 1) eating, in a discrete period of time (e.g., within any 2-hour period), an amount of food that is definitely larger than most people would eat during a similar period of time and under similar circumstances.
 - 2) a sense of lack of control over eating during the episode (e.g., a feeling that one cannot stop eating or control what or how much one is eating).
- B. Recurrent inappropriate compensatory behavior in order to prevent weight gain, such as self-induced vomiting; misuse of laxatives, diuretics, enemas, or other medications; fasting; or excessive exercise.
- C. The binge eating and inappropriate compensatory behaviors both occur, on average, at least twice a week for 3 months.
- D. Self-evaluation is unduly influenced by body shape and weight.
- E. The disturbance does not occur exclusively during episodes of Anorexia Nervosa.

III. Eating Disorder Not Otherwise Specified (NOS)

- A. For females, all of the criteria for Anorexia Nervosa are met except that the individual has regular menses.
- B. All of the criteria for Anorexia Nervosa are met except that, despite significant weight loss, the individual's current weight is in the normal range.
- C. All of the criteria for Bulimia Nervosa are met except that the binge eating and inappropriate compensatory mechanisms occur at a frequency of less than twice a week or for duration of less than 3 months.
- D. The regular use of inappropriate compensatory behavior by an individual of normal body weight after eating small amounts of food (e.g., self-induced vomiting after the consumption of two cookies).

Behavioral and Physical Signs of an Eating Disorder

The following list may serve only as a guideline for the recognition of disordered eating behaviors. Any one symptom alone may not indicate an eating disorder. Careful observation and awareness of a student-athlete's behavior will guide identification of an eating problem.

I. Anorexia

A. Behavioral Signs:

- 1) Reports feeling "fat/heavy" despite low body weight
- 2) Obsessions about weight, diet, appearance
- 3) Ritualistic eating behaviors
- 4) Avoiding social eating situations, social withdrawal
- 5) Obsession with exercise; hyperactivity --may increase workouts secretly
- 6) Feeling cold
- 7) Perfectionism followed by self-criticism
- 8) Seems anxious/depressed about performance and other events
- 9) Denial of unhealthy eating pattern --anger when confronted with problem
- 10) Eventual decline in physical and school performance

B. Physical Signs:

- 1) Amenorrhea (lack of menstrual periods)
- 2) Dehydration (not related to workout/competition)
- 3) Fatigue (beyond expected)
- 4) Weakness, dizziness
- 5) Overuse injuries, stress fractures
- 6) Yellow tint to hands
- 7) Gastrointestinal problems
- 8) Lanugo (fine hair on arms and face)
- 9) Hypotension (low blood pressure)

II. Bulimia Nervosa

A. Behavioral Signs:

Excessive exercise beyond scheduled practice
Extremely self-critical
Depression and mood fluctuations
Irregular weight loss/gain; rapid fluctuations in weight
Erratic performance
Low self-esteem
Drug or alcohol use
Binges or eats large meals, then disappears

B. Physical Signs of Bulimia Nervosa:

Callous on knuckles
Dental and gum problems (bad breath)
Red, puffy eyes
Swollen parotid glands (at the base of the jaw)
Edema (bloating)
Frequent sore throats
Low or average weight despite eating large amounts of food
Electrolyte abnormalities
Diarrhea, alternating with constipation
Dry mouth, cracked lips
Muscle cramps/weakness

Approaching a Student-Athlete about Disordered Eating

1. A coach or staff member who has the best rapport with the student-athlete should arrange a private meeting.
2. In a calm and respectful manner, indicate to the student-athlete what specific observations were made that aroused your concerns. Give the athlete time to respond.
 - Use “I” statements. (*I’m concerned about you because you refuse to eat breakfast or lunch. It worries me to hear you vomiting.*)
 - Avoid “You” statements and discussions about weight or appearance. (*You are too thin and you have to eat! You’re out of control.*)
 - Avoid giving simple solutions. (*If you’d just eat more, everything would be fine!*)
 - Avoid using “We” during conversations. (*We think that you should...*)
 - Affirm that the student-athlete’s role on the team will not be jeopardized by an admission that a problem exists.
 - Suggest that you will follow up with the student-athlete in one week to confirm that he or she has scheduled an appointment with a professional.
3. The student-athlete’s reaction may be one of denial or perhaps hostility. Firmly encourage the student-athlete to meet with a professional for an assessment, acknowledging that outside help is often necessary for eating problems and is not a sign of weakness.
4. If the Student-Athlete refuses to acknowledge that there may be a problem, and does not schedule an appointment with a professional, athletic participation with their sport may be restricted.

CONCUSSION POLICY

Graduated Return-to-Play Protocol

<u>Rehabilitation Stage</u>	<u>Functional Exercise at Each Stage of Rehabilitation</u>	<u>Objective of Each Stage</u>
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming, or stationary cycling, keeping intensity to ,70% of max predicted heart rate; no resistance training	Increase heart rate
3. Sport-specific exercise	Skating drills in ice hockey, running drills in soccer; no head impact activities	Add movement
4. Non-contact training	Progression to more complex training drills, eg, passing drills in football and ice hockey; may start progressive resistance training drills	Exercise, coordination, and cognitive load
5. Full-contact practice	Following medical clearance, participate in normal training activities	Restore athlete's confidence; coaching staff assesses functional skills
6. Return to play	Normal game play	

Modifying Factors in Concussion Management

Bowling Green State University is in agreement with The Zurich consensus Statement that there are multiple factors that may modify the management strategy and return to play protocol detailed above. These factors are listed below from the Zurich Statement.

<u>Factors</u>	<u>Modifier</u>
Symptoms	Number Duration (greater than 10 days) Severity
Signs	Prolonged loss of consciousness (greater than 1 min), amnesia
Sequelae	Convulsive convulsions
Temporal	Frequency: repeated concussions over time Timing: injuries close together in time "Recency": recent concussion or traumatic brain injury
Threshold	Repeated concussions occurring with progressively less impact force or slower recovery after each successive concussion
Age	Less than 18 y old
Co-morbidities and Pre-morbidities	Migraine, depression, or other mental health disorders, attention deficit hyperactivity disorder (ADHD), learning disabilities (LDs), sleep disorders
Medication	Psychoactive drugs, anticoagulants
Behavior	Dangerous style of play
Sport high sporting level	High-risk activity, contact and collision sport,

SICKLE CELL TRAIT

What is Sickle Cell Trait (SCT):

- Presence of Abnormal Red Blood Cells.
- If oxygen in the blood stream drops too low- as it may during sustained sprinting, this may cause blood cells to sickle.
- This can happen after only 2-3 minutes of activity.
- About 1 athlete a year dies of a sickle cell crisis. (This may be preventable)
- More than 3 million American carry sickle cell and almost all live normal lives.
- Risk Factors:
 - Low Blood Oxygen
 - Lactic Acidosis
 - Heating of Muscles
 - Dehydration
- Screening positive does not disqualify you from sports or make you less of an athlete.
- Screening positive will not affect your spot on the Depth Chart.
- WHO needs to know:
 - Athletic Trainer
 - Team Doctor
 - Coaches
 - Your other family members
- WHY:
 - Early detection can reverse the sickling process.
 - Workout modification can be made.
- We will talk about management to those that screen positive.

Management of Positive SCT:

- 1) Cessation of activity with onset of symptoms [muscle cramping, pain, swelling, weakness, tenderness; inability to "catch breath", fatigue]
- 2) Report any symptoms to the athletic trainer and coach
- 3) Exclusion from participation in "preseason conditioning tests"
- 4) Acclimation to onset of conditioning or lifting program
- 5) Modification of conditioning drills [i.e. no timed sprints, no sustained running without periods of rest]
- 6) Participation in a conditioning program prior to return to sport activity each season
- 7) Implementation of hydration policy for before, during, and after all activity
- 8) Modification of activity in extremely hot and humid conditions
- 9) Modification of activities at altitudes above 2500 ft; use of supplemental oxygen
- 10) Modification of activities after any viral illness, particularly illness involving diarrhea or vomiting
- 11) Heightened awareness that asthmatics with sickle cell trait are at increased risk of death due to asthma
- 12) Modification of activities after nights of poor sleep

Athletic Training Room Paperwork

Appointment Intake Form

Will be used for every appointment with Dr. Noftz when being seen at the Sebo Center (for both athletic related injuries and all general medical issues). Sections that need to be filled out prior to the appointment

1. Athlete's last and first name
2. Athlete's date of birth
3. Date and time of appointment

In addition to this form, each athlete will have an additional form directly relating to the reason for his or her appointment. These sheets can all be found in the top drawer of the filing cabinet directly outside of the doctor's office in Sebo.

ATS Infraction Sheet

If an athletic training student acts in any way that fails to meet the clinical expectations and professional behavior policy, he/she will be written up by their supervising athletic trainer. All infractions must be reported within 2 days of event warranting an infraction. Before filing the infraction, the certified athletic trainer will meet with the student and explain the infraction and both parties will sign the bottom of the infraction sheet.

Bowling Green Orthopaedics/Bortel (Arrowhead) Appointment

Make sure to have this office paperwork filled out prior to attending first appointment. This paperwork can be found in the second drawer of the filing cabinet outside of the doctor's office in Sebo. If the appointment is a BG athletic related injury, make sure the secondary insurance is filled out accordingly with the Aetna Athletic Insurance. Along with this paperwork, every appointment should be accompanied with an ID card, primary insurance, BG Athletic Insurance (if athletic related), and referral form.

BGSU New Athlete

Before participating in any organized Bowling Green State University activity, every new athlete has to fill out a packet of paperwork. In addition, a copy of the student-athlete's current insurance card must be copied and put into their file. There is a 2-page information sheet for the student-athlete to keep in addition to 8 documents for the athlete to fill out and sign. This packet includes:

1. Demographic /Emergency Contact/ Insurance Information
2. Nutritional Supplement Disclosure Form
3. Release, Consent to Treatment, and Indemnification Agreement
4. Authorization for the Release of Medical Information
5. Initial Athletic Health History Form
6. Pre-Participation Physical Exam
7. Informed Consent for Sickle Cell Trait Screening
8. Informed Acknowledgement of Non-Athletically Related Physician Appointment

If a student-athlete is under 18, a parent or legal-guardian MUST sign all forms

BGSU Returning Athlete

Every year, all student-athletes must fill out updated forms and participate in a pre-participation exam to determine participation status for the upcoming year. At this time, the student-athlete is given a packet of paperwork to fill out and sign, and required to provide their current insurance card. The update forms include:

1. Demographic /Emergency Contact/ Insurance Information
2. Nutritional Supplement Disclosure Form
3. Informed Acknowledgement of Non-Athletically Related Physician Appointment

If a student-athlete is under 18, a parent or legal-guardian MUST sign all forms

BGSU Records Release

If an athlete has any medical needs taken care of outside of BGSU physicians, this form will be used to obtain all medical documentation for each visit. The student-athlete must fill out:

1. Name of physician
2. Location and contact information of physician
3. Medical documentation requested
4. Period that records are being requested
5. Date of birth
6. Sign and date bottom

Requested records will be recorded into SIMS and filed into medical folder

BGSU Walk-On

For any student that will participate in Walk-On Tryouts, they will need to read and fill out the following paperwork:

1. Liability Release and Emergency Medical Authorization
2. Initial Athletic Health History Form
3. Pre-participation Physical Exam
4. Demographic Information

In addition, all Walk-On tryout participants will need to have completed a physical within the past year and have a current insurance card on file with the covering certified athletic trainer before being allowed to participate.

Concussion/Mild Traumatic Brain Injury

Prior to each season, the covering certified athletic trainer will put together a presentation on concussions and present it to their team. Following this presentation, all coaches and athletes will be required to sign a Concussion Acknowledgement form.

For Coaches: This form states that they will report to the certified athletic trainer any student-athlete that they believe is suffering from concussion symptoms or has had any head injury.

For Student-Athletes: This form states that they will report any and all symptoms they are exhibiting after a blow to their head, whiplash, or any other occurrence that may have resulted in a head injury.

Exit Evaluation/Archive Process

1. Have student-athlete fill out Blue Exit Evaluation Questionnaire
 - a. Review questionnaire and initial as AT review
 - b. If athlete requested to see physician
 - i. Schedule appointment
 - ii. Complete any necessary claim forms to cover on-going issues
 - iii. Have physician sign form
 - c. If athlete does not request to see a physician and has no on-going issues:
 - i. Have physician sign form
2. Close injuries in SIMS (if applicable)
3. Create new physician appointment for Exit Evaluation date
 - a. Choose post-participation exam
 - b. Enter following notation (if applicable):
"Athlete completed their Exit Evaluation Questionnaire and reported no ongoing injuries or illness and did not request to follow-up with a physician. At this time athlete will be removed from the roster as they have completed their eligibility."
 - c. If above notation does not apply, write in documentation from scheduled Exit Evaluation physician exam.
4. Open athlete personnel page in SIMS
 - a. On General Tab, un-check appropriate team

- b. On Teams Tab
 - i. Verify that 'current roster box' is un-checked
 - ii. Enter date of Exit Evaluation into "left team" line
 - iii. Select reason for leaving
5. Print Injury and Illness Report, Injury Maintenance Report and Physician Visit Report
6. File Paperwork
 - a. First remove all tabs from folder
 - b. File Injury/Illness report on very top of left side inside of folder
 - c. File Blue Exit Evaluation on very top of right inside of folder
7. Staple a ¼ paper to outside of folder labeled with the year of exit
8. File under year in Rehab Room

Falcon Health – Request for Services

Any time a student athlete is seen at the Falcon Health Center, they must take this form with them. The form must include:

1. Student-athlete's name
2. Date of Birth
3. Date of Appointment
4. Services requested
5. If the appointment is athletic related
 - a. Athletic Related Appointments
 - i. Must send Aetna Student Insurance Card with this document
 - ii. Form must state that the appointment is athletic related and the Aetna insurance should be used
 - b. Non-Athletic Related Appointments
 - i. Only send primary insurance
 - ii. Make sure this form states that only the student-athlete should be billed for appointment

Insurance

Aetna Student Athletic Insurance (8/1/14-7/31/15)

When an injury occurs

- Fill out Aetna Claim Form **(Must be completed within 1 Week of initial injury)**
 - Fill out paper claim form (see paper claim form)
 - After paper claim form has been filled out, place in file titled "Completed Aetna Forms" in GA office
 - Include Athlete's Primary Insurance Card
 - Note: When athlete has:
 - Out of State Medicaid
 - BGSU Insurance
 - Check "NO" for "Are you entitled to benefits under any other insurance policy covering this injury"
- Fill out all lines of R: Drive "Staff Authorization Codes"
 - Auth #, Name, Sport, Date of Service(s), Date of Injury, Body Part, Injury, Referred to, Referred by, Submitted, ATC filling out form.
 - Make additional rows for additional dates of service.
 - DO NOT MAKE A NEW CLAIM FORM FOR EACH VISIT FOR SAME INJURY!

Tell your student-athletes that it is their responsibility to deliver all bills, EOBs, etc to you. Remind them of this when they are being referred!

Wood County Hospital MRI Pre-Cert

All this MUST to be faxed to Amy prior to scheduling MRI: **419-373-7654 Attn: Amy**

Failure to complete this will result in BGSU paying for the MRI

- Fax Cover Letter
- Athlete's Demographic Form
- Athlete's Primary Insurance Card
- Aetna Insurance Card

Physician Appointments

Athletic Related Injury – Bowling Green Ortho

- BGSU Referral Form BGOrtho - With authorization #
- Under "signature" write "On File"
- Student athlete's insurance card or copy of insurance card
- Photo ID
- BG Ortho Medical History Forms – First Time Visits Only

Athletic Related Injury – Non-BG Ortho

- Student athlete's insurance card or copy of insurance card
- Photo ID
- Aetna Insurance Card – Secondary Insurance
- Fill in athlete's name/referred to section of printed copy

Falcon Health Athletic Injury

- Student athlete's insurance card or copy of insurance card
- Photo ID
- Aetna Insurance Card – Secondary Insurance
- Falcon Health – Request for services – Write "Athletic Injury – see attached secondary Insurance"

Falcon Health Non-Athletic Injury

- Student athlete's insurance card or copy of insurance card
- Photo ID
- Falcon Health – Request for services – Write "Non-Athletic Injury – Use Primary Insurance Only"

Non-Athletic Related Injury

- Copy of insurance card
- Photo ID

Phone List

Contact information for all staff, graduate assistants, physicians, hospitals, Falcon Health Center and all other pertinent numbers that may be needed in the athletic training room.

Physician Exam Report

When a student-athlete sees a physician at Sebo, the top of this form should be filled out prior to the appointment. Included should be the student-athlete's name, date of birth, date of appointment, sport, reason for visit, height, weight, pulse, blood pressure, and temperature. Physician is required to fill out details of appointment, followed by plan of action, any additional testing requested, and any referrals made. Both the physician and covering certified athletic trainer must sign the bottom of the document.

Position Statements

The National Athletic Trainers' Association develops multiple position statements to promote awareness to NATA members. These position statements are to be used as a guideline for specific incidences and circumstances. However, it is important that it is known that every circumstance and situation varies. There are variables that can impact relevance along with implementation of these recommendations such as regional environmental conditions, human resource guidelines, and state or federal statutes, rules, or regulations. For the BGSU Sports Medicine department, the following position statements were deemed the most relevant. For the rest of the NATA position statements, follow this link: <http://www.nata.org/access-read/public/position-statements>.